

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet S Parts I-III Date/Time Prepared: 2/27/2017 10:32 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 2/27/2017	Time: 10:32 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. 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 GIBSON AREA HOSPITAL AND HEALTH SVCS (14-1317) for the cost reporting period beginning 10/01/2015 and ending 09/30/2016 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			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	176,538	-533,206	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	-117,702	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	147		0	7.00
10.00 RURAL HEALTH CLINIC I	0		344,147		0	10.00
10.01 GIBSON CITY CLINIC II	0		94,143		0	10.01
200.00 Total	0	58,836	-94,769	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1317		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part I Date/Time Prepared: 2/26/2017 2:18 pm					
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL Zip Code: 60936-		4.00 County: FORD					
1.00 Street: 1120 N. MELVIN		2.00 City: GIBSON CITY									
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00			
3.00 Hospital and Hospital-Based Component Identification:											
3.00	Hospital	GIBSON AREA HOSPITAL AND HEALTH SVCS	141317	99914	1	01/03/2002	N	O	O	3.00	
4.00	Subprovider - IPF									4.00	
5.00	Subprovider - IRF									5.00	
6.00	Subprovider - (Other)									6.00	
7.00	Swing Beds - SNF	GIBSON COMMUNITY SWING BEDS	14Z317	99914		12/31/2002	N	O	N	7.00	
8.00	Swing Beds - NF									8.00	
9.00	Hospital-Based SNF	GIBSON HOSPITAL ANNEX SNF	145979	99914		05/19/1999	N	P	P	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	THE PAXTON CLINIC	143408	99914		01/01/1996	N	O	O	15.00	
15.01	Hospital-Based Health Clinic - RHC	GIBSON CITY CLINIC	148559	99914		06/01/2016	N	O	O	15.01	
16.00	Hospital-Based Health Clinic - FQHC									16.00	
17.00	Hospital-Based (CMHC) I									17.00	
18.00	Renal Dialysis									18.00	
19.00	Other									19.00	
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					10/01/2015	09/30/2016		20.00		
21.00	Type of Control (see instructions)					2			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) (Pickler 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				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.					0	0	0	0	0	0

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
							Urban/Rural S	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)							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	XVIII	XIX
							1.00	2.00	3.00
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, 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	IME	Direct GME			
		1.00	2.00	3.00	4.00	5.00			
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00		61.00	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00				61.01	

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	Y/N	IME	Direct GME	IME	Direct GME			
	1.00	2.00	3.00	4.00	5.00			
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02	
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03	
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06	
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00		2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						61.10	0.00
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.						61.20	0.00
							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)						62.00	0.00
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)						62.01	0.00
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)						63.00	N
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64.00	0.000000
			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
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00

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		1.00	2.00	3.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
		1.00			
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.		N		87.00
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		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
Rural Providers					
105.00	Does this hospital qualify as a critical access hospital (CAH)?	Y			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	Y			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
		1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.		N		110.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

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		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	643,941	0	0
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	121.00
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
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N	140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name:	Contractor's Name:	Contractor's Number:	
142.00	Street:	PO Box:		
143.00	City:	State:	Zip Code:	
			1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1317		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part I Date/Time Prepared: 2/26/2017 2:18 pm	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC	N	N	N	N	161.00	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	166.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	169.00
		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)			10/01/2016	12/31/2016	170.00	
		1.00	2.00				
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-1317		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part II Date/Time Prepared: 2/26/2017 2:18 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	02/16/2017	Y	02/16/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part II Date/Time Prepared: 2/26/2017 2:18 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	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			Y	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			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			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	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAN		LI NHART	41.00
42.00	Enter the employer/company name of the cost report preparer.	RSM US LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	563-888-4404		DAN.LI NHART@RSMUS.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part II Date/Time Prepared: 2/26/2017 2:18 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER		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: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
2/26/2017 2:18 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	23	8,418	51,151.00	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)		23	8,418	51,151.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	2	732	720.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY					0	13.00
14.00 Total (see instructions)	43.00	25	9,150	51,871.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	5	1,830		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	46.00	37	13,542			21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RHC (CONSOLIDATED)	88.00				0	26.00
26.01 GIBSON CITY CLINIC	88.01				0	26.01
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		67				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: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
2/26/2017 2:18 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)	870	126	2,131			1.00
2.00 HMO and other (see instructions)	62	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	507	0	781			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	22			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	1,377	126	2,934			7.00
8.00 INTENSIVE CARE UNIT	16	0	30			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		29	339			13.00
14.00 Total (see instructions)	1,393	155	3,303	0.00	531.94	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	629	0	636	0.00	1.61	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE			12,830	0.00	32.39	21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RHC (CONSOLIDATED)	10,163	0	46,422	0.00	101.76	26.00
26.01 GIBSON CITY CLINIC	606	0	1,733	0.00	1.97	26.01
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	669.67	27.00
28.00 Observation Bed Days		0	302			28.00
29.00 Ambulance Trips	1,043					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			113			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
2/26/2017 2:18 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	277	101	925	1.00
2.00 HMO and other (see instructions)				17	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	277	101		925	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE	0.00					47	21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RHC (CONSOLIDATED)	0.00						26.00
26.01 GIBSON CITY CLINIC	0.00						26.01
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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-7

Date/Time Prepared:
2/26/2017 2:18 pm

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	Y	12/31/2002	2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	17	0	17	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	0	0	0	12.00
13.00	RUB	0	0	0	13.00
14.00	RUA	0	0	0	14.00
15.00	RVC	11	0	11	15.00
16.00	RVB	0	0	0	16.00
17.00	RVA	185	0	185	17.00
18.00	RHC	47	0	47	18.00
19.00	RHB	48	0	48	19.00
20.00	RHA	247	0	247	20.00
21.00	RMC	18	0	18	21.00
22.00	RMB	0	0	0	22.00
23.00	RMA	41	0	41	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	0	0	0	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	0	0	0	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	3	0	3	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	0	0	0	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	6	0	6	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	5	0	5	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	0	0	0	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	0	0	0	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	0	0	0	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet S-7 Date/Time Prepared: 2/26/2017 2:18 pm
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	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
69.00	PE2	0	0	0	69.00
70.00	PE1	0	0	0	70.00
71.00	PD2	0	0	0	71.00
72.00	PD1	0	0	0	72.00
73.00	PC2	0	0	0	73.00
74.00	PC1	0	0	0	74.00
75.00	PB2	0	0	0	75.00
76.00	PB1	1	0	1	76.00
77.00	PA2	0	0	0	77.00
78.00	PA1	0	0	0	78.00
199.00	AAA	0	0	0	199.00
200.00	TOTAL	629	0	629	200.00

	CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
	1.00	2.00	

201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	16580	16580	201.00
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	Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
	1.00	2.00	3.00	

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	76,546	43.69	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	175,204			207.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-1317 Component CCN: 14-3408		Period: From 10/01/2015 To 09/30/2016		Worksheet S-8 Date/Time Prepared: 2/26/2017 2:18 pm	
				RHC I		Cost	
				1.00			
1.00	Clinic Address and Identification Street			225 MARKET STREET		1.00	
				City		State	
				1.00		2.00	
				ZIP Code		3.00	
2.00	City, State, ZIP Code, County			PAXTON IL		60957	
				1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban					0	
				Grant Award		Date	
				1.00		2.00	
Source of Federal Funds							
4.00	Community Health Center (Section 330(d), PHS Act)					4.00	
5.00	Migrant Health Center (Section 329(d), PHS Act)					5.00	
6.00	Health Services for the Homeless (Section 340(d), PHS Act)					6.00	
7.00	Appalachian Regional Commission					7.00	
8.00	Look-Alikes					8.00	
9.00	OTHER (SPECIFY)					9.00	
				1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N		0	
				Sunday		Monday	
				from		from	
				1.00		2.00	
				to		to	
				2.00		3.00	
				Tuesday		from	
						5.00	
11.00	Facility hours of operations (1) Clinic			07:00		17:00	
				07:00			
				1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?			N		12.00	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			Y		7	
				13.00			
				Provider name		CCN number	
				1.00		2.00	
14.00	RHC/FQHC name, CCN number			THE PAXTON CLINIC		143408	
14.01				THE ONARGA CLINIC		143440	
14.02				PRAIRIE FAMILY MEDICINE & OBSTETRI		148505	
14.03				HOOPESTON CLINIC		148515	
14.04				FARMER CITY CLINIC		148517	
14.05				GIBSON CITY CLINIC		148516	
14.06				GIBSON AREA MEDICAL CLINIC		148546	
				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	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-1317 Component CCN: 14-3408		Period: From 10/01/2015 To 09/30/2016		Worksheet S-8 Date/Time Prepared: 2/26/2017 2:18 pm		
		RHC I		Cost				
		County						
		4.00						
2.00	City, State, ZIP Code, County	FORD						2.00
		Tuesday		Wednesday		Thursday		
		to		to		to		
		6.00		7.00		8.00		
		9.00		10.00				
Facility hours of operations (1)								
11.00	Clinic	17:00	07:00	17:00	07:00	17:00		11.00
		Friday		Saturday				
		from		to		from		
		11.00		12.00		13.00		
		14.00						
Facility hours of operations (1)								
11.00	Clinic	07:00	17:00					11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-1317 Component CCN: 14-8559		Period: From 10/01/2015 To 09/30/2016		Worksheet S-8 Date/Time Prepared: 2/26/2017 2:18 pm	
		RHC II		Cost			
				1.00			
1.00	Clinic Address and Identification Street	222 NORTH SANGAMON AVENUE				1.00	
		City		State		ZIP Code	
		1.00		2.00		3.00	
2.00	City, State, ZIP Code, County	GIBSON CITY		IL		60936	
				1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0		3.00	
		Grant Award		Date			
		1.00		2.00			
4.00	Source of Federal Funds Community Health Center (Section 330(d), PHS Act)					4.00	
5.00	Migrant Health Center (Section 329(d), PHS Act)					5.00	
6.00	Health Services for the Homeless (Section 340(d), PHS Act)					6.00	
7.00	Appalachian Regional Commission					7.00	
8.00	Look-Alikes					8.00	
9.00	OTHER (SPECIFY)					9.00	
				1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N		0		10.00	
		Sunday		Monday		Tuesday	
		from to		from to		from	
		1.00 2.00		3.00 4.00		5.00	
11.00	Facility hours of operations (1) Clinic	09:30		16:30		09:30	
				1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?			N		0	
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.					0	
		Provider name		CCN number			
		1.00		2.00			
14.00	RHC/FQHC name, CCN number					14.00	
		Y/N		V		Total Visits	
		1.00		2.00		3.00 4.00 5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)					15.00	
		County		4.00			
2.00	City, State, ZIP Code, County	FORD				2.00	
		Tuesday		Wednesday		Thursday	
		to		from to		from to	
		6.00		7.00 8.00		9.00 10.00	
11.00	Facility hours of operations (1) Clinic	16:30		09:30		16:30	
				09:30		16:30	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-1317 Component CCN: 14-8559		Period: From 10/01/2015 To 09/30/2016		Worksheet S-8 Date/Time Prepared: 2/26/2017 2:18 pm	
				RHC II		Cost	
		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
11.00	Facility hours of operations (1) Clinic	09:30	16:30				11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet S-10 Date/Time Prepared: 2/26/2017 2:18 pm
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.393645	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		1,571,742	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		197,980	5.00
6.00	Medicaid charges		7,777,133	6.00
7.00	Medicaid cost (line 1 times line 6)		3,061,430	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		1,291,708	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		58,451	9.00
10.00	Stand-alone CHIP charges		296,002	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		116,520	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		58,069	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,349,777	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
20.00	Charity care charges for the entire facility (see instructions)	1,228,331	1,159,547	2,387,878
21.00	Cost of patients approved for charity care (line 1 times line 20)	483,526	456,450	939,976
22.00	Partial payment by patients approved for charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	483,526	456,450	939,976
				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)		6,890,426	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		162,945	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		6,727,481	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,648,239	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,588,215	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		4,937,992	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet A Date/Time Prepared: 2/26/2017 2:18 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	
GENERAL SERVICE COST CENTERS							
1.00	00100		3,062,988	3,062,988	-1,707,307	1,355,681	1.00
1.01	00101				294,945	294,945	1.01
1.04	00104				13,903	13,903	1.04
1.05	00105				55,864	55,864	1.05
1.07	00107				11,266	11,266	1.07
1.09	00109				155,662	155,662	1.09
1.10	00110				29,065	29,065	1.10
1.11	00111				9,787	9,787	1.11
1.12	00112				16,617	16,617	1.12
1.14	00114				6,568	6,568	1.14
1.15	00115				3,425	3,425	1.15
1.16	00116				17,506	17,506	1.16
1.17	00117				65,302	65,302	1.17
1.18	00118				5,697	5,697	1.18
1.19	00119				3,347	3,347	1.19
1.20	00120				12,406	12,406	1.20
1.21	00121				1,225	1,225	1.21
1.22	00122				7,389	7,389	1.22
1.25	00125				24,721	24,721	1.25
1.26	00126				12,744	12,744	1.26
1.27	00127				6,085	6,085	1.27
1.28	00128				10,732	10,732	1.28
2.00	00200				1,723,321	1,723,321	2.00
4.00	00400	321,186	10,496,236	10,817,422	394,619	11,212,041	4.00
5.01	00580	1,544,545	890,029	2,434,574	-68,383	2,366,191	5.01
5.02	00591	3,974,670	7,603,338	11,578,008	-1,221,747	10,356,261	5.02
7.00	00700	500,665	1,245,314	1,745,979	-219,038	1,526,941	7.00
7.01	00701	99,186	132,087	231,273	224,878	456,151	7.01
8.00	00800	206,513	126,957	333,470	0	333,470	8.00
9.00	00900	415,102	96,233	511,335	0	511,335	9.00
10.00	01000	508,373	402,089	910,462	-508,901	401,561	10.00
11.00	01100	0	0	0	508,901	508,901	11.00
13.00	01300	590,232	136,866	727,098	-42,665	684,433	13.00
14.00	01400	0	95,304	95,304	0	95,304	14.00
15.00	01500	641,004	133,201	774,205	0	774,205	15.00
16.00	01600	294,982	87,368	382,350	0	382,350	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,577,314	263,534	2,840,848	-37,050	2,803,798	30.00
31.00	03100	538,328	7,093	545,421	-399,431	145,990	31.00
43.00	04300	0	0	0	327,572	327,572	43.00
44.00	04400	0	0	0	83,724	83,724	44.00
46.00	04600	1,620,715	151,975	1,772,690	-83,724	1,688,966	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,959,191	858,069	2,817,260	0	2,817,260	50.00
51.00	05100	318,978	24,037	343,015	0	343,015	51.00
52.00	05200	0	0	0	108,909	108,909	52.00
53.00	05300	1,906,867	135,450	2,042,317	34,010	2,076,327	53.00
54.00	05400	1,668,927	1,564,474	3,233,401	95,156	3,328,557	54.00
56.00	05600	0	99,788	99,788	108,540	208,328	56.00
60.00	06000	906,841	942,576	1,849,417	0	1,849,417	60.00
63.00	06300	0	91,273	91,273	0	91,273	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	419,942	79,495	499,437	-15,163	484,274	65.00
66.00	06600	1,369,138	131,540	1,500,678	0	1,500,678	66.00
67.00	06700	177,461	1,493	178,954	0	178,954	67.00
68.00	06800	125	50,843	50,968	0	50,968	68.00
69.00	06900	0	249,415	249,415	15,163	264,578	69.00
71.00	07100	0	1,102,713	1,102,713	0	1,102,713	71.00
72.00	07200	0	2,890,328	2,890,328	0	2,890,328	72.00
73.00	07300	0	1,421,886	1,421,886	0	1,421,886	73.00
73.01	07301	87,401	8,207	95,608	0	95,608	73.01
73.02	07302	269,440	16,063	285,503	0	285,503	73.02
73.03	07303	95,911	145,469	241,380	0	241,380	73.03
73.04	03950	0	0	0	68,612	68,612	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	8,318,065	3,246,433	11,564,498	82,442	11,646,940	88.00
88.01	08801	215,491	72,313	287,804	12,602	300,406	88.01
90.00	09000	188,673	25,575	214,248	0	214,248	90.00
90.01	09001	211,026	271,319	482,345	0	482,345	90.01
91.00	09100	1,205,978	2,037,248	3,243,226	0	3,243,226	91.00
92.00	09200						92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-1317		Period: From 10/01/2015 To 09/30/2016		Worksheet A	
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	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,795,414	239,328	2,034,742	71,676	2,106,418	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	34,947,684	40,635,947	75,583,631	320,972	75,904,603	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	207,187	80,957	288,144	0	288,144	192.01
192.02	19202	GAH FOUNDATION	68,950	175,663	244,613	0	244,613	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	566,176	153,133	719,309	-46,435	672,874	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	891,142	172,622	1,063,764	-40,190	1,023,574	194.02
194.03	07953	WELLNESS CENTER	127,342	12,830	140,172	0	140,172	194.03
194.04	07954	PSYCH CLINIC	449,325	707,615	1,156,940	-42,280	1,114,660	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	543,998	145,992	689,990	61,845	751,835	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	4,727	4,727	0	4,727	194.07
194.08	07958	340B PHARMACY	0	463,785	463,785	0	463,785	194.08
194.09	07959	GAH CARDIOLOGY	548,384	131,502	679,886	-92,221	587,665	194.09
194.10	07960	WIC	155,726	3,862	159,588	0	159,588	194.10
194.11	07961	PULMONARY CLINIC	0	4,120	4,120	0	4,120	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	144,999	45,324	190,323	0	190,323	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	1,765	853	2,618	0	2,618	194.14
194.15	07965	ORTHO CLINIC	1,907,105	1,041,802	2,948,907	-161,691	2,787,216	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	781,288	65,196	846,484	0	846,484	194.17
194.18	07968	GAFM	179,094	110,861	289,955	0	289,955	194.18
194.19	07969	GAPC	249,102	92,491	341,593	0	341,593	194.19
194.20	07970	FHCF	13,164	20,201	33,365	0	33,365	194.20
200.00		TOTAL (SUM OF LINES 118-199)	41,782,431	44,069,483	85,851,914	0	85,851,914	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet A
Date/Time Prepared:
2/26/2017 2:18 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-48,973	1,306,708	1.00
1.01	00101	OB UNIT - BLDG & FIXT	-4,059	290,886	1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI	0	13,903	1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC	0	55,864	1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC	0	11,266	1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	0	155,662	1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	0	29,065	1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	0	9,787	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	0	16,617	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	6,568	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	3,425	1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	17,506	1.16
1.17	00117	B&F - # 10 DOCTOR' S PARK	0	65,302	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	0	5,697	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	0	3,347	1.19
1.20	00120	B&F - #7 DOCTOR' S PARK	0	12,406	1.20
1.21	00121	B&F - #4 DOCTOR' S PARK	0	1,225	1.21
1.22	00122	B&F - #8 DOCTOR' S PARK	0	7,389	1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	24,721	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	12,744	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	6,085	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	10,732	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,158,115	3,881,436	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-751,809	10,460,232	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,366,191	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	-1,995,017	8,361,244	5.02
7.00	00700	OPERATION OF PLANT	0	1,526,941	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	456,151	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	-104,318	229,152	8.00
9.00	00900	HOUSEKEEPING	0	511,335	9.00
10.00	01000	DIETARY	0	401,561	10.00
11.00	01100	CAFETERIA	-88,690	420,211	11.00
13.00	01300	NURSING ADMINISTRATION	0	684,433	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	95,304	14.00
15.00	01500	PHARMACY	0	774,205	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-372	381,978	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	2,803,798	30.00
31.00	03100	INTENSIVE CARE UNIT	0	145,990	31.00
43.00	04300	NURSERY	0	327,572	43.00
44.00	04400	SKILLED NURSING FACILITY	0	83,724	44.00
46.00	04600	OTHER LONG TERM CARE	0	1,688,966	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,817,260	50.00
51.00	05100	RECOVERY ROOM	0	343,015	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	108,909	52.00
53.00	05300	ANESTHESIOLOGY	-1,980,750	95,577	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-683,296	2,645,261	54.00
56.00	05600	RADIOISOTOPE	0	208,328	56.00
60.00	06000	LABORATORY	-2,750	1,846,667	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	91,273	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	484,274	65.00
66.00	06600	PHYSICAL THERAPY	0	1,500,678	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	178,954	67.00
68.00	06800	SPEECH PATHOLOGY	0	50,968	68.00
69.00	06900	ELECTROCARDIOLOGY	-248,590	15,988	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,102,713	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,890,328	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,421,886	73.00
73.01	07301	CARDIAC REHAB	0	95,608	73.01
73.02	07302	WOUND CARE	0	285,503	73.02
73.03	07303	SLEEP LAB	0	241,380	73.03
73.04	03950	DIETARY EDUCATION	0	68,612	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	-247,066	11,399,874	88.00
88.01	08801	GI BSON CITY CLINIC	-466	299,940	88.01
90.00	09000	CLINIC	0	214,248	90.00
90.01	09001	GERI PSYCH CLINIC	-33,000	449,345	90.01
91.00	09100	EMERGENCY	-1,672,204	1,571,022	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet A
Date/Time Prepared:
2/26/2017 2:18 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	-426	2,105,992	95.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-5,703,671	70,200,932	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.01	19201 GAH - MSO	0	288,144	192.01
192.02	19202 GAH FOUNDATION	0	244,613	192.02
194.00	07950 FALCON POINT RENTAL	0	0	194.00
194.01	07951 PHYSICIAN OFFICE	-6,000	666,874	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	-3,600	1,019,974	194.02
194.03	07953 WELLNESS CENTER	0	140,172	194.03
194.04	07954 PSYCH CLINIC	0	1,114,660	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	-3,600	748,235	194.05
194.06	07956 LASER CLINIC	0	0	194.06
194.07	07957 PAIN CLINIC	-3,000	1,727	194.07
194.08	07958 340B PHARMACY	0	463,785	194.08
194.09	07959 GAH CARDIOLOGY	-9,000	578,665	194.09
194.10	07960 WIC	0	159,588	194.10
194.11	07961 PULMONARY CLINIC	0	4,120	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	0	190,323	194.12
194.13	07963 PODIATRY	-5,400	-5,400	194.13
194.14	07964 9TH STREET CLINIC	0	2,618	194.14
194.15	07965 ORTHO CLINIC	-18,600	2,768,616	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	194.16
194.17	07967 ELITE PERFORMANCE	0	846,484	194.17
194.18	07968 GAFM	0	289,955	194.18
194.19	07969 GAPC	0	341,593	194.19
194.20	07970 FHCF	0	33,365	194.20
200.00	TOTAL (SUM OF LINES 118-199)	-5,752,871	80,099,043	200.00

RECLASSIFICATIONS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6
Date/Time Prepared:
2/26/2017 2:18 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - INTEREST RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	235,367	1.00
2.00	OB UNIT - BLDG & FIXT	1.01	0	87,063	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	305,253	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	203,696	4.00
5.00	RURAL HEALTH CLINIC	88.00	0	154,537	5.00
7.00	AMBULANCE SERVICES	95.00	0	9,133	7.00
9.00	MAHOMET SPECIALTY CLINIC	194.05	0	71,486	9.00
TOTALS			0	1,066,535	
B - CAFETERIA					
1.00	CAFETERIA	11.00	284,154	224,747	1.00
TOTALS			284,154	224,747	
C - OBSTETRICS					
1.00	NURSERY	43.00	293,395	34,177	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	97,546	11,363	2.00
TOTALS			390,941	45,540	
D - INTERNAL ALLOC BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,063,283	1.00
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
11.00		0.00	0	0	11.00
TOTALS			0	1,063,283	
F - SNF DIRECT CARE COST					
1.00	SKILLED NURSING FACILITY	44.00	76,546	7,178	1.00
TOTALS			76,546	7,178	
G - BOND AMORT COST					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,728	1.00
TOTALS			0	1,728	
H - MME, OB, & OFFSITE BLDG DEPR					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,369,306	1.00
2.00	OB UNIT - BLDG & FIXT	1.01	0	207,882	2.00
TOTALS			0	1,577,188	
I - CAPITAL INSURANCE EXP					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	134,899	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	47,034	2.00
TOTALS			0	181,933	
J - NUCLEAR MED & EKG TECH SALARY					
1.00	RADIOISOTOPE	56.00	108,540	0	1.00
2.00	ELECTROCARDIOLOGY	69.00	15,163	0	2.00
TOTALS			123,703	0	
K - AMBULANCE BILLING & UTILITIES COST					
1.00	AMBULANCE SERVICES	95.00	0	68,383	1.00
2.00	OPERATION OF PLANT-OUTSIDE PROPERTY	7.01	0	5,840	2.00
TOTALS			0	74,223	
L - PHYSICIAN COSTS					
1.00	NURSING ADMINISTRATION	13.00	0	2,625	1.00
TOTALS			0	2,625	
M - DIETARY EDUCATION					
1.00	DIETARY EDUCATION	73.04	0	68,612	1.00
TOTALS			0	68,612	
O - RHC PHYSICIAN BENEFITS					
1.00	NURSING ADMINISTRATION	0.00	0	0	1.00
2.00	ANESTHESIOLOGY	13.00	0	23,322	2.00
3.00	RURAL HEALTH CLINIC	53.00	0	34,010	3.00
4.00	GI BISON CITY CLINIC	88.00	0	598,730	4.00
5.00	GI BISON CITY CLINIC	88.01	0	12,602	5.00
TOTALS			0	668,664	
P - OFFSITE UTILITIES					
1.00	OPERATION OF PLANT-OUTSIDE PROPERTY	7.01	0	219,038	1.00
TOTALS			0	219,038	
Q - ICU FLOAT TO A&P					
1.00	ADULTS & PEDIATRICS	30.00	395,362	4,069	1.00
TOTALS			395,362	4,069	
R - OFFSITE BLDG DEPR					
1.00	B&F - FARMER CITY RURAL HEALTH CLINIC	1.04	0	13,903	1.00
2.00	B&F - HOOPESTON RURAL HEALTH CLINIC	1.05	0	55,864	2.00

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6
Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
3.00	B&F - FORREST RURAL HEALTH CLINIC	1.07	0	11,266		3.00
4.00	B&F - PAXTON RURAL HEALTH CLINIC	1.09	0	155,662		4.00
5.00	B&F - MAHOMET SPECIALTY CLINIC	1.10	0	29,065		5.00
6.00	B&F - POTOMAC RURAL HEALTH CLINIC	1.11	0	9,787		6.00
7.00	B&F - PAXTON WELLNESS CENTER	1.12	0	16,617		7.00
8.00	B&F - PAXTON AMBULANCE STATION	1.14	0	6,568		8.00
9.00	B&F - AMBULANCE STAFF RESIDENCE	1.15	0	3,425		9.00
10.00	B&F - AMBULANCE BUILDING	1.16	0	17,506		10.00
11.00	B&F - # 10 DOCTOR'S PARK	1.17	0	65,302		11.00
12.00	B&F - COSMETOLOGY OFFICE	1.18	0	5,697		12.00
13.00	B&F - ANESTHESIA HOUSE	1.19	0	3,347		13.00
14.00	B&F - #7 DOCTOR'S PARK	1.20	0	12,406		14.00
15.00	B&F - #4 DOCTOR'S PARK	1.21	0	1,225		15.00
16.00	B&F - #8 DOCTOR'S PARK	1.22	0	7,389		16.00
17.00	B&F - HARMS HOUSE/IT	1.25	0	24,721		17.00
18.00	B&F - 9TH ST. EDUCATION HOUSE	1.26	0	12,744		18.00
19.00	B&F - FALCON POINT RESIDENCE	1.27	0	6,085		19.00
20.00	B&F - 2012 NEW STORAGE SHED	1.28	0	10,732		20.00
21.00	ALL OTHER ADMIN & GENERAL	5.02	0	29,346		21.00
	TOTALS		0	498,657		
500.00	Grand Total: Increases		1,270,706	5,704,020		500.00

RECLASSIFICATIONS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6
Date/Time Prepared:
2/26/2017 2:18 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - INTEREST RECLASS							
1.00	ALL OTHER ADMIN & GENERAL	5.02	0	1,066,535	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			4.00
5.00		0.00	0	0			5.00
7.00		0.00	0	0			7.00
9.00		0.00	0	0			9.00
TOTALS			0	1,066,535			
B - CAFETERIA							
1.00	DIETARY	10.00	284,154	224,747	0		1.00
TOTALS			284,154	224,747			
C - OBSTETRICS							
1.00	ADULTS & PEDIATRICS	30.00	390,941	45,540	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			390,941	45,540			
D - INTERNAL ALLOC BENEFITS							
1.00	RURAL HEALTH CLINIC	88.00	0	670,825	0		1.00
3.00	PHYSICIAN OFFICE	194.01	0	46,435	0		3.00
4.00	PLASTIC SURG & DR. CHUNG	194.02	0	40,190	0		4.00
5.00	PSYCH CLINIC	194.04	0	42,280	0		5.00
6.00	MAHOMET SPECIALTY CLINIC	194.05	0	9,641	0		6.00
7.00	GAH CARDIOLOGY	194.09	0	92,221	0		7.00
11.00	ORTHO CLINIC	194.15	0	161,691	0		11.00
TOTALS			0	1,063,283			
F - SNF DIRECT CARE COST							
1.00	OTHER LONG TERM CARE	46.00	76,546	7,178	0		1.00
TOTALS			76,546	7,178			
G - BOND AMORT COST							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,728	14		1.00
TOTALS			0	1,728			
H - MME, OB, & OFFSITE BLDG DEPR							
1.00	CAP REL COSTS-BLDG & FIXT	1.00		1,369,306	11		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00		207,882	9		2.00
TOTALS			0	1,577,188			
I - CAPITAL INSURANCE EXP							
1.00	ALL OTHER ADMIN & GENERAL	5.02	0	181,933	12		1.00
2.00		0.00	0	0	12		2.00
TOTALS			0	181,933			
J - NUCLEAR MED & EKG TECH SALARY							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	108,540	0	0		1.00
2.00	RESPIRATORY THERAPY	65.00	15,163	0	0		2.00
TOTALS			123,703	0			
K - AMBULANCE BILLING & UTILITIES COST							
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.01	0	68,383	0		1.00
2.00	AMBULANCE SERVICES	95.00	0	5,840	0		2.00
TOTALS			0	74,223			
L - PHYSICIAN COSTS							
1.00	ALL OTHER ADMIN & GENERAL	5.02	0	2,625	0		1.00
TOTALS			0	2,625			
M - DIETARY EDUCATION							
1.00	NURSING ADMINISTRATION	13.00	0	68,612	0		1.00
TOTALS			0	68,612			
O - RHC PHYSICIAN BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	668,664	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
TOTALS			0	668,664			
P - OFFSITE UTILITIES							
1.00	OPERATION OF PLANT	7.00	0	219,038	0		1.00
TOTALS			0	219,038			
Q - ICU FLOAT TO A&P							
1.00	INTENSIVE CARE UNIT	31.00	395,362	4,069	0		1.00
TOTALS			395,362	4,069			
R - OFFSITE BLDG DEPR							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	498,657	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6
Date/Time Prepared:
2/26/2017 2:18 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
7.00		0.00	0	0	0	9	7.00	
8.00		0.00	0	0	0	9	8.00	
9.00		0.00	0	0	0	9	9.00	
10.00		0.00	0	0	0	9	10.00	
11.00		0.00	0	0	0	9	11.00	
12.00		0.00	0	0	0	9	12.00	
13.00		0.00	0	0	0	9	13.00	
14.00		0.00	0	0	0	9	14.00	
15.00		0.00	0	0	0	9	15.00	
16.00		0.00	0	0	0	9	16.00	
17.00		0.00	0	0	0	9	17.00	
18.00		0.00	0	0	0	9	18.00	
19.00		0.00	0	0	0	9	19.00	
20.00		0.00	0	0	0	9	20.00	
21.00		0.00	0	0	0	9	21.00	
	TOTALS		0	498,657				
500.00	Grand Total: Decreases		1,270,706	5,704,020			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-7
Part I
Date/Time Prepared:
2/26/2017 2:18 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	990,934	14,690	0	14,690	0	1.00
2.00	Land Improvements	1,306,383	532,056	0	532,056	0	2.00
3.00	Buildings and Fixtures	36,311,812	4,143,250	0	4,143,250	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	19,699,849	0	0	0	214,813	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	58,308,978	4,689,996	0	4,689,996	214,813	8.00
9.00	Reconciling Items	-2,564,462	0	0	0	-2,195,614	9.00
10.00	Total (line 8 minus line 9)	60,873,440	4,689,996	0	4,689,996	2,410,427	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,005,624	0				1.00
2.00	Land Improvements	1,838,439	0				2.00
3.00	Buildings and Fixtures	40,455,062	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	19,485,036	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	62,784,161	0				8.00
9.00	Reconciling Items	-368,848	0				9.00
10.00	Total (line 8 minus line 9)	63,153,009	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-7
Part II
Date/Time Prepared:
2/26/2017 2:18 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	3,062,988	0	0	0	0	1.00
1.01	OB UNIT - BLDG & FIXT	0	0	0	0	0	1.01
1.04	B&F - FARMER CITY RURAL HEALTH CLINI	0	0	0	0	0	1.04
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	0	0	1.05
1.07	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	0	0	1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	0	0	1.09
1.10	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	0	0	1.10
1.11	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	0	0	1.11
1.12	B&F - PAXTON WELLNESS CENTER	0	0	0	0	0	1.12
1.14	B&F - PAXTON AMBULANCE STATION	0	0	0	0	0	1.14
1.15	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	0	1.15
1.16	B&F - AMBULANCE BUILDING	0	0	0	0	0	1.16
1.17	B&F - # 10 DOCTOR'S PARK	0	0	0	0	0	1.17
1.18	B&F - COSMETOLOGY OFFICE	0	0	0	0	0	1.18
1.19	B&F - ANESTHESIA HOUSE	0	0	0	0	0	1.19
1.20	B&F - #7 DOCTOR'S PARK	0	0	0	0	0	1.20
1.21	B&F - #4 DOCTOR'S PARK	0	0	0	0	0	1.21
1.22	B&F - #8 DOCTOR'S PARK	0	0	0	0	0	1.22
1.25	B&F - HARMS HOUSE/IT	0	0	0	0	0	1.25
1.26	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1.26
1.27	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1.27
1.28	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1.28
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,062,988	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	3,062,988				1.00
1.01	OB UNIT - BLDG & FIXT	0	0				1.01
1.04	B&F - FARMER CITY RURAL HEALTH CLINI	0	0				1.04
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0				1.05
1.07	B&F - FORREST RURAL HEALTH CLINIC	0	0				1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0				1.09
1.10	B&F - MAHOMET SPECIALTY CLINIC	0	0				1.10
1.11	B&F - POTOMAC RURAL HEALTH CLINIC	0	0				1.11
1.12	B&F - PAXTON WELLNESS CENTER	0	0				1.12
1.14	B&F - PAXTON AMBULANCE STATION	0	0				1.14
1.15	B&F - AMBULANCE STAFF RESIDENCE	0	0				1.15
1.16	B&F - AMBULANCE BUILDING	0	0				1.16
1.17	B&F - # 10 DOCTOR'S PARK	0	0				1.17
1.18	B&F - COSMETOLOGY OFFICE	0	0				1.18
1.19	B&F - ANESTHESIA HOUSE	0	0				1.19
1.20	B&F - #7 DOCTOR'S PARK	0	0				1.20
1.21	B&F - #4 DOCTOR'S PARK	0	0				1.21
1.22	B&F - #8 DOCTOR'S PARK	0	0				1.22
1.25	B&F - HARMS HOUSE/IT	0	0				1.25
1.26	B&F - 9TH ST. EDUCATION HOUSE	0	0				1.26
1.27	B&F - FALCON POINT RESIDENCE	0	0				1.27
1.28	B&F - 2012 NEW STORAGE SHED	0	0				1.28
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	3,062,988				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-7
Part III
Date/Time Prepared:
2/26/2017 2:18 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	43,299,125	0	43,299,125	0.689650	0	1.00
1.01	OB UNIT - BLDG & FIXT	0	0	0	0.000000	0	1.01
1.04	B&F - FARMER CITY RURAL HEALTH CLINI	0	0	0	0.000000	0	1.04
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	0.000000	0	1.05
1.07	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	0.000000	0	1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	0.000000	0	1.09
1.10	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	0.000000	0	1.10
1.11	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	0.000000	0	1.11
1.12	B&F - PAXTON WELLNESS CENTER	0	0	0	0.000000	0	1.12
1.14	B&F - PAXTON AMBULANCE STATION	0	0	0	0.000000	0	1.14
1.15	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0.000000	0	1.15
1.16	B&F - AMBULANCE BUILDING	0	0	0	0.000000	0	1.16
1.17	B&F - # 10 DOCTOR'S PARK	0	0	0	0.000000	0	1.17
1.18	B&F - COSMETOLOGY OFFICE	0	0	0	0.000000	0	1.18
1.19	B&F - ANESTHESIA HOUSE	0	0	0	0.000000	0	1.19
1.20	B&F - #7 DOCTOR'S PARK	0	0	0	0.000000	0	1.20
1.21	B&F - #4 DOCTOR'S PARK	0	0	0	0.000000	0	1.21
1.22	B&F - #8 DOCTOR'S PARK	0	0	0	0.000000	0	1.22
1.25	B&F - HARMS HOUSE/IT	0	0	0	0.000000	0	1.25
1.26	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0.000000	0	1.26
1.27	B&F - FALCON POINT RESIDENCE	0	0	0	0.000000	0	1.27
1.28	B&F - 2012 NEW STORAGE SHED	0	0	0	0.000000	0	1.28
2.00	CAP REL COSTS-MVBLE EQUIP	19,485,036	0	19,485,036	0.310350	0	2.00
3.00	Total (sum of lines 1-2)	62,784,161	0	62,784,161	1.000000	0	3.00

Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of col. 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	2,318,449	0	1.00
1.01	OB UNIT - BLDG & FIXT	0	0	0	207,882	0	1.01
1.04	B&F - FARMER CITY RURAL HEALTH CLINI	0	0	0	13,903	0	1.04
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	55,864	0	1.05
1.07	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	11,266	0	1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	155,662	0	1.09
1.10	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	29,065	0	1.10
1.11	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	9,787	0	1.11
1.12	B&F - PAXTON WELLNESS CENTER	0	0	0	16,617	0	1.12
1.14	B&F - PAXTON AMBULANCE STATION	0	0	0	6,568	0	1.14
1.15	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	3,425	0	1.15
1.16	B&F - AMBULANCE BUILDING	0	0	0	17,506	0	1.16
1.17	B&F - # 10 DOCTOR'S PARK	0	0	0	65,302	0	1.17
1.18	B&F - COSMETOLOGY OFFICE	0	0	0	5,697	0	1.18
1.19	B&F - ANESTHESIA HOUSE	0	0	0	3,347	0	1.19
1.20	B&F - #7 DOCTOR'S PARK	0	0	0	12,406	0	1.20
1.21	B&F - #4 DOCTOR'S PARK	0	0	0	1,225	0	1.21
1.22	B&F - #8 DOCTOR'S PARK	0	0	0	7,389	0	1.22
1.25	B&F - HARMS HOUSE/IT	0	0	0	24,721	0	1.25
1.26	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	12,744	0	1.26
1.27	B&F - FALCON POINT RESIDENCE	0	0	0	6,085	0	1.27
1.28	B&F - 2012 NEW STORAGE SHED	0	0	0	10,732	0	1.28
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,172,346	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,167,988	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-7
Part III
Date/Time Prepared:
2/26/2017 2:18 pm

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	-1,144,912	134,899	0	-1,728	1,306,708	1.00
1.01	OB UNIT - BLDG & FIXT	83,004	0	0	0	290,886	1.01
1.04	B&F - FARMER CITY RURAL HEALTH CLINI	0	0	0	0	13,903	1.04
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	0	55,864	1.05
1.07	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	0	11,266	1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	0	155,662	1.09
1.10	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	0	29,065	1.10
1.11	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	0	9,787	1.11
1.12	B&F - PAXTON WELLNESS CENTER	0	0	0	0	16,617	1.12
1.14	B&F - PAXTON AMBULANCE STATION	0	0	0	0	6,568	1.14
1.15	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	3,425	1.15
1.16	B&F - AMBULANCE BUILDING	0	0	0	0	17,506	1.16
1.17	B&F - # 10 DOCTOR'S PARK	0	0	0	0	65,302	1.17
1.18	B&F - COSMETOLOGY OFFICE	0	0	0	0	5,697	1.18
1.19	B&F - ANESTHESIA HOUSE	0	0	0	0	3,347	1.19
1.20	B&F - #7 DOCTOR'S PARK	0	0	0	0	12,406	1.20
1.21	B&F - #4 DOCTOR'S PARK	0	0	0	0	1,225	1.21
1.22	B&F - #8 DOCTOR'S PARK	0	0	0	0	7,389	1.22
1.25	B&F - HARMS HOUSE/IT	0	0	0	0	24,721	1.25
1.26	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	12,744	1.26
1.27	B&F - FALCON POINT RESIDENCE	0	0	0	0	6,085	1.27
1.28	B&F - 2012 NEW STORAGE SHED	0	0	0	0	10,732	1.28
2.00	CAP REL COSTS-MVBLE EQUIP	1,660,328	47,034	0	1,728	3,881,436	2.00
3.00	Total (sum of lines 1-2)	598,420	181,933	0	0	5,948,341	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8

Date/Time Prepared:
2/26/2017 2:18 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.	
			3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01 Investment income - OB UNIT - BLDG & FIXT (chapter 2)			O OB UNIT - BLDG & FIXT	1.01	0	1.01
1.04 Investment income - B&F - FARMER CITY RURAL HEALTH CLINI (chapter 2)			O B&F - FARMER CITY RURAL HEALTH CLINI	1.04	0	1.04
1.05 Investment income - B&F - HOOPESTON RURAL HEALTH CLINIC (chapter 2)			O B&F - HOOPESTON RURAL HEALTH CLINIC	1.05	0	1.05
1.07 Investment income - B&F - FORREST RURAL HEALTH CLINIC (chapter 2)			O B&F - FORREST RURAL HEALTH CLINIC	1.07	0	1.07
1.09 Investment income - B&F - PAXTON RURAL HEALTH CLINIC (chapter 2)			O B&F - PAXTON RURAL HEALTH CLINIC	1.09	0	1.09
1.10 Investment income - B&F - MAHOMET SPECIALTY CLINIC (chapter 2)			O B&F - MAHOMET SPECIALTY CLINIC	1.10	0	1.10
1.11 Investment income - B&F - POTOMAC RURAL HEALTH CLINIC (chapter 2)			O B&F - POTOMAC RURAL HEALTH CLINIC	1.11	0	1.11
1.12 Investment income - B&F - PAXTON WELLNESS CENTER (chapter 2)			O B&F - PAXTON WELLNESS CENTER	1.12	0	1.12
1.14 Investment income - B&F - PAXTON AMBULANCE STATION (chapter 2)			O B&F - PAXTON AMBULANCE STATION	1.14	0	1.14
1.15 Investment income - B&F - AMBULANCE STAFF RESIDENCE (chapter 2)			O B&F - AMBULANCE STAFF RESIDENCE	1.15	0	1.15
1.16 Investment income - B&F - AMBULANCE BUILDING (chapter 2)			O B&F - AMBULANCE BUILDING	1.16	0	1.16
1.17 Investment income - B&F - # 10 DOCTOR' S PARK (chapter 2)			O B&F - # 10 DOCTOR' S PARK	1.17	0	1.17
1.18 Investment income - B&F - COSMETOLOGY OFFICE (chapter 2)			O B&F - COSMETOLOGY OFFICE	1.18	0	1.18
1.19 Investment income - B&F - ANESTHESIA HOUSE (chapter 2)			O B&F - ANESTHESIA HOUSE	1.19	0	1.19
1.20 Investment income - B&F - #7 DOCTOR' S PARK (chapter 2)			O B&F - #7 DOCTOR' S PARK	1.20	0	1.20
1.21 Investment income - B&F - #4 DOCTOR' S PARK (chapter 2)			O B&F - #4 DOCTOR' S PARK	1.21	0	1.21
1.22 Investment income - B&F - #8 DOCTOR' S PARK (chapter 2)			O B&F - #8 DOCTOR' S PARK	1.22	0	1.22
1.25 Investment income - B&F - HARMS HOUSE/IT (chapter 2)			O B&F - HARMS HOUSE/IT	1.25	0	1.25
1.26 Investment income - B&F - 9TH ST. EDUCATION HOUSE (chapter 2)			O B&F - 9TH ST. EDUCATION HOUSE	1.26	0	1.26
1.27 Investment income - B&F - FALCON POINT RESIDENCE (chapter 2)			O B&F - FALCON POINT RESIDENCE	1.27	0	1.27
1.28 Investment income - B&F - 2012 NEW STORAGE SHED (chapter 2)			O B&F - 2012 NEW STORAGE SHED	1.28	0	1.28
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8

Date/Time Prepared:
2/26/2017 2:18 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
8.00 Television and radio service (chapter 21)		0			0.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,704,227					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					12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests		0			0.00	0	14.00
15.00 Rental of quarters to employees and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts		0			0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines		0			0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01 Depreciation - OB UNIT - BLDG & FIXT			0	OB UNIT - BLDG & FIXT	1.01	0	26.01
26.04 Depreciation - B&F - FARMER CITY RURAL HEALTH CLINI			0	B&F - FARMER CITY RURAL HEALTH CLINI	1.04	0	26.04
26.05 Depreciation - B&F - HOOPESTON RURAL HEALTH CLINIC			0	B&F - HOOPESTON RURAL HEALTH CLINIC	1.05	0	26.05
26.07 Depreciation - B&F - FORREST RURAL HEALTH CLINIC			0	B&F - FORREST RURAL HEALTH CLINIC	1.07	0	26.07
26.09 Depreciation - B&F - PAXTON RURAL HEALTH CLINIC			0	B&F - PAXTON RURAL HEALTH CLINIC	1.09	0	26.09
26.10 Depreciation - B&F - MAHOMET SPECIALTY CLINIC			0	B&F - MAHOMET SPECIALTY CLINIC	1.10	0	26.10
26.11 Depreciation - B&F - POTOMAC RURAL HEALTH CLINIC			0	B&F - POTOMAC RURAL HEALTH CLINIC	1.11	0	26.11
26.12 Depreciation - B&F - PAXTON WELLNESS CENTER			0	B&F - PAXTON WELLNESS CENTER	1.12	0	26.12
26.14 Depreciation - B&F - PAXTON AMBULANCE STATION			0	B&F - PAXTON AMBULANCE STATION	1.14	0	26.14
26.15 Depreciation - B&F - AMBULANCE STAFF RESIDENCE			0	B&F - AMBULANCE STAFF RESIDENCE	1.15	0	26.15
26.16 Depreciation - B&F - AMBULANCE BUILDING			0	B&F - AMBULANCE BUILDING	1.16	0	26.16
26.17 Depreciation - B&F - # 10 DOCTOR'S PARK			0	B&F - # 10 DOCTOR'S PARK	1.17	0	26.17
26.18 Depreciation - B&F - COSMETOLOGY OFFICE			0	B&F - COSMETOLOGY OFFICE	1.18	0	26.18

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8

Date/Time Prepared:
2/26/2017 2:18 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 #			
			3.00	4.00	5.00		
26.19 Depreciation - B&F - ANESTHESIA HOUSE			OB&F - ANESTHESIA HOUSE	1.19	0	26.19	
26.20 Depreciation - B&F - #7 DOCTOR'S PARK			OB&F - #7 DOCTOR'S PARK	1.20	0	26.20	
26.21 Depreciation - B&F - #4 DOCTOR'S PARK			OB&F - #4 DOCTOR'S PARK	1.21	0	26.21	
26.22 Depreciation - B&F - #8 DOCTOR'S PARK			OB&F - #8 DOCTOR'S PARK	1.22	0	26.22	
26.25 Depreciation - B&F - HARMS HOUSE/IT			OB&F - HARMS HOUSE/IT	1.25	0	26.25	
26.26 Depreciation - B&F - 9TH ST. EDUCATION HOUSE			OB&F - 9TH ST. EDUCATION HOUSE	1.26	0	26.26	
26.27 Depreciation - B&F - FALCON POINT RESIDENCE			OB&F - FALCON POINT RESIDENCE	1.27	0	26.27	
26.28 Depreciation - B&F - 2012 NEW STORAGE SHED			OB&F - 2012 NEW STORAGE SHED	1.28	0	26.28	
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP	2.00	0	27.00	
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00	
29.00 Physicians' assistant			0	0.00	0	29.00	
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00	
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99	
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00	
32.00 CAH HIT Adjustment for Depreciation and Interest	A	-9,939	CAP REL COSTS-MVBLE EQUIP	2.00	9	32.00	
33.00 A&G MISC REV	B	-54,302	ALL OTHER ADMIN & GENERAL	5.02	0	33.00	
33.01 DR BARK DIRECTOR FEES	B	-11,000	RURAL HEALTH CLINIC	88.00	0	33.01	
33.02 PAXTON HEALTHCARE OTHER REV	B	-9,000	RURAL HEALTH CLINIC	88.00	0	33.02	
33.03		0		0.00	0	33.03	
33.04 SCHOOL NURSING INCOME	B	-146,250	ALL OTHER ADMIN & GENERAL	5.02	0	33.04	
33.05 HOSPICE MISC REV	B	-25,890	ALL OTHER ADMIN & GENERAL	5.02	0	33.05	
33.06 LIFELINE INCOME	B	-3,059	ALL OTHER ADMIN & GENERAL	5.02	0	33.06	
33.07 CAFE MISC REV	B	-88,690	CAFETERIA	11.00	0	33.07	
33.08 LAUNDRY MISC REV	B	-104,318	LAUNDRY & LINEN SERVICE	8.00	0	33.08	
33.09 MED RECORDS MISC REV	B	-372	MEDICAL RECORDS & LIBRARY	16.00	0	33.09	
33.10 RENTAL INC - OPC	B	-38,000	CAP REL COSTS-BLDG & FIXT	1.00	9	33.10	
33.11 INVEST INCOME - B&F	B	-10,973	CAP REL COSTS-BLDG & FIXT	1.00	11	33.11	
33.12 INVEST INCOME - OB B&F	B	-4,059	OB UNIT - BLDG & FIXT	1.01	11	33.12	
33.13 INVEST INCOME - MME	B	-14,231	CAP REL COSTS-MVBLE EQUIP	2.00	11	33.13	
33.14 INVEST INCOME - A&G	B	-14,961	ALL OTHER ADMIN & GENERAL	5.02	0	33.14	
33.15 INVEST INCOME - RAD	B	-9,496	RADIOLOGY-DIAGNOSTIC	54.00	0	33.15	
33.16 INVEST INCOME - PAXTON	B	-3,311	RURAL HEALTH CLINIC	88.00	0	33.16	
33.17 INVEST INCOME - ONARGA	B	-368	RURAL HEALTH CLINIC	88.00	0	33.17	
33.18 INVEST INCOME - FORREST	B	-1,516	RURAL HEALTH CLINIC	88.00	0	33.18	
33.19 INVEST INCOME - FARMER CITY	B	-573	RURAL HEALTH CLINIC	88.00	0	33.19	
33.20 INVEST INCOME - RHC II	B	-1,437	RURAL HEALTH CLINIC	88.00	0	33.20	
33.21 INVEST INCOME - AMBULANCE	B	-426	AMBULANCE SERVICES	95.00	0	33.21	
33.22		0		0.00	0	33.22	
33.23 INTERNALLY ALLOCATED RENT EXP - RHC	A	-195,193	RURAL HEALTH CLINIC	88.00	0	33.23	
33.24		0		0.00	0	33.24	
33.25		0		0.00	0	33.25	
33.26		0		0.00	0	33.26	
33.27		0		0.00	0	33.27	
33.28		0		0.00	0	33.28	
33.29 INTERNALLY ALLOCATED RENT EXP - ORTH	A	-18,600	ORTHO CLINIC	194.15	0	33.29	
33.30 INTERNALLY ALLOCATED RENT EXP - PO	A	-6,000	PHYSICIAN OFFICE	194.01	0	33.30	
33.31 INTERNALLY ALLOCATED RENT EXP - PC	A	-3,600	PLASTIC SURG & DR. CHUNG	194.02	0	33.31	

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
33.32 INTERNALLY ALLOCATED RENT EXP - CLIN	A	-3,000	PAIN CLINIC	194.07	0	33.32
33.33 INTERNALLY ALLOCATED RENT EXP - MAHO	A	-3,600	MAHOMET SPECIALTY CLINIC	194.05	0	33.33
33.34 INTERNALLY ALLOCATED RENT EXP - CARD	A	-9,000	GAH CARDIOLOGY	194.09	0	33.34
33.35 INTERNALLY ALLOCATED RENT EXP - PODI	A	-5,400	PODIATRY	194.13	0	33.35
33.36		0		0.00	0	33.36
33.37		0		0.00	0	33.37
33.38		0		0.00	0	33.38
33.39 LOBBYING DUES	A	-20,469	ALL OTHER ADMIN & GENERAL	5.02	0	33.39
33.40 STATE PROVIDER TAX EXP	A	-150,733	ALL OTHER ADMIN & GENERAL	5.02	0	33.40
33.41 OP STATE PROVIDER TAX EXP	A	-371,256	ALL OTHER ADMIN & GENERAL	5.02	0	33.41
33.42 CRNA SALARIES	A	-1,906,867	ANESTHESIOLOGY	53.00	0	33.42
33.43 CRNA BENEFITS	A	-353,987	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.43
33.44		0		0.00	0	33.44
33.45 PUBLIC RELATIONS OFFSET	A	-447,731	ALL OTHER ADMIN & GENERAL	5.02	0	33.45
33.46 GIBSON PHO EXP	A	-546,580	ALL OTHER ADMIN & GENERAL	5.02	0	33.46
34.00 RHC LAB SRVCS COST	A	-23,026	RURAL HEALTH CLINIC	88.00	0	34.00
35.00		0		0.00	0	35.00
36.00		0		0.00	0	36.00
37.00		0		0.00	0	37.00
38.01 MISC DONATIONS (COMM ED)	A	-213,786	ALL OTHER ADMIN & GENERAL	5.02	0	38.01
40.00		0		0.00	0	40.00
41.00 PT B PHYSICIAN BENEFITS	A	-397,822	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41.00
42.00 RHC DRS HOSP VISIT	A	-1,642	RURAL HEALTH CLINIC	88.00	0	42.00
43.00 RHC DRS HOSP VISIT - RHC II	A	-466	GIBSON CITY CLINIC	88.01	0	43.00
44.00		0		0.00	0	44.00
45.00		0		0.00	0	45.00
45.01		0		0.00	0	45.01
45.02		0		0.00	0	45.02
45.03 LOSS ON IMPAIRMENT	A	2,182,285	CAP REL COSTS-MVBLE EQUIP	2.00	9	45.03
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-5,752,871				50.00

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8-2

Date/Time Prepared:
2/26/2017 2:18 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	44.00	SKILLED NURSING FACILITY	24,000	0	24,000	0	0	1.00
2.00	69.00	ELECTROCARDIOLOGY	248,590	248,590	0	0	0	2.00
3.00	73.01	CARDIAC REHAB	4,350	0	4,350	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	673,800	673,800	0	0	0	4.00
5.00	91.00	EMERGENCY	1,361,447	1,113,344	248,103	0	0	5.00
6.00	91.00	EMERGENCY	558,860	558,860	0	0	0	6.00
7.00	60.00	LABORATORY	2,750	2,750	0	0	0	7.00
8.00	90.01	GERI PSYCH CLINIC	33,000	33,000	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	73,883	73,883	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,980,680	2,704,227	276,453			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	44.00	SKILLED NURSING FACILITY	0	0	0	0	0	1.00
2.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	2.00
3.00	73.01	CARDIAC REHAB	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	91.00	EMERGENCY	0	0	0	0	0	5.00
6.00	91.00	EMERGENCY	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	90.01	GERI PSYCH CLINIC	0	0	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	44.00	SKILLED NURSING FACILITY	0	0	0	0		1.00
2.00	69.00	ELECTROCARDIOLOGY	0	0	0	248,590		2.00
3.00	73.01	CARDIAC REHAB	0	0	0	0		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	673,800		4.00
5.00	91.00	EMERGENCY	0	0	0	1,113,344		5.00
6.00	91.00	EMERGENCY	0	0	0	558,860		6.00
7.00	60.00	LABORATORY	0	0	0	2,750		7.00
8.00	90.01	GERI PSYCH CLINIC	0	0	0	33,000		8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	73,883		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	2,704,227		200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part I Date/Time Prepared: 2/26/2017 2:18 pm
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Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	OB UNIT - BLDG & FIXT	B&F - FARMER CITY RURAL HEALTH CLINI	B&F - HOOPESTON RURAL HEALTH CLINI C	
		0	1.00	1.01	1.04	1.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,306,708	1,306,708			1.00
1.01	00101	OB UNIT - BLDG & FIXT	290,886	0	290,886		1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI	13,903	0	0	13,903	1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINI C	55,864	0	0	0	1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINI C	11,266	0	0	0	1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINI C	155,662	0	0	0	1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINI C	29,065	0	0	0	1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINI C	9,787	0	0	0	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	16,617	0	0	0	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	6,568	0	0	0	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	3,425	0	0	0	1.15
1.16	00116	B&F - AMBULANCE BUILDING	17,506	0	0	0	1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	65,302	0	0	0	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	5,697	0	0	0	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	3,347	0	0	0	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	12,406	0	0	0	1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	1,225	0	0	0	1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	7,389	0	0	0	1.22
1.25	00125	B&F - HARMS HOUSE/IT	24,721	0	0	0	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	12,744	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	6,085	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	10,732	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,881,436				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,460,232	12,946	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,366,191	7,248	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	8,361,244	310,773	9,099	0	5.02
7.00	00700	OPERATION OF PLANT	1,526,941	141,135	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	456,151	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	229,152	26,197	0	0	8.00
9.00	00900	HOUSEKEEPING	511,335	7,169	2,393	0	9.00
10.00	01000	DIETARY	401,561	28,516	0	0	10.00
11.00	01100	CAFETERIA	420,211	13,993	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	684,433	1,815	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	95,304	0	0	0	14.00
15.00	01500	PHARMACY	774,205	14,192	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	381,978	13,728	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,803,798	55,110	189,522	0	30.00
31.00	03100	INTENSIVE CARE UNIT	145,990	11,754	0	0	31.00
43.00	04300	NURSERY	327,572	0	18,228	0	43.00
44.00	04400	SKILLED NURSING FACILITY	83,724	8,467	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	1,688,966	159,699	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,817,260	179,867	13,029	0	50.00
51.00	05100	RECOVERY ROOM	343,015	20,433	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	108,909	0	56,783	0	52.00
53.00	05300	ANESTHESIOLOGY	95,577	1,179	1,832	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,645,261	98,798	0	0	54.00
56.00	05600	RADIOISOTOPE	208,328	4,307	0	0	56.00
60.00	06000	LABORATORY	1,846,667	25,389	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	91,273	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	484,274	14,576	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,500,678	4,492	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	178,954	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	50,968	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,988	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,102,713	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,890,328	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,421,886	0	0	0	73.00
73.01	07301	CARDIAC REHAB	95,608	10,879	0	0	73.01
73.02	07302	WOUND CARE	285,503	15,252	0	0	73.02
73.03	07303	SLEEP LAB	241,380	9,501	0	0	73.03
73.04	03950	DIETARY EDUCATION	68,612	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINI C	11,399,874	1,935	0	13,903	88.00
88.01	08801	GIBSON CITY CLINI C	299,940	0	0	0	88.01
90.00	09000	CLINI C	214,248	30,305	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/26/2017 2:18 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	OB UNIT - BLDG & FIXT	B&F - FARMER CITY RURAL HEALTH CLINI	B&F - HOOPESTON RURAL HEALTH CLINIC	
			0	1.00	1.01	1.04	1.05	
90.01	09001	GERI PSYCH CLINIC	449,345	0	0	0	0	90.01
91.00	09100	EMERGENCY	1,571,022	70,362	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,105,992	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)		70,200,932	1,300,017	290,886	13,903	55,864	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,763	0	0	0	190.00
192.01	19201	GAH - MSO	288,144	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	244,613	2,928	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	666,874	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	1,019,974	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	140,172	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	1,114,660	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	748,235	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	1,727	0	0	0	0	194.07
194.08	07958	340B PHARMACY	463,785	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	578,665	0	0	0	0	194.09
194.10	07960	WIC	159,588	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	4,120	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	190,323	0	0	0	0	194.12
194.13	07963	PODIATRY	-5,400	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	2,618	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	2,768,616	0	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	846,484	0	0	0	0	194.17
194.18	07968	GAFM	289,955	0	0	0	0	194.18
194.19	07969	GAPC	341,593	0	0	0	0	194.19
194.20	07970	FHCF	33,365	0	0	0	0	194.20
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers							201.00
202.00	TOTAL (sum lines 118-201)		80,099,043	1,306,708	290,886	13,903	55,864	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS					
		B&F - FORREST RURAL HEALTH CLINIC	B&F - PAXTON RURAL HEALTH CLINIC	B&F - MAHOMET SPECIALTY CLINIC	B&F - POTOMAC RURAL HEALTH CLINIC	B&F - PAXTON WELLNESS CENTER	
		1.07	1.09	1.10	1.11	1.12	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC	11,266				1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	0	155,662			1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	0	0	29,065		1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	9,787	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	0	0	0	0	16,617
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	0	0	0	0
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	0
1.16	00116	B&F - AMBULANCE BUILDING	0	0	0	0	0
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	0	0	0	0
1.18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	0
1.19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	0
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	0
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	0
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	0
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	0	0	0	0	0
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	0	0	0	0	0
10.00	01000	DIETARY	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	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
73.01	07301	CARDIAC REHAB	0	0	0	0	0
73.02	07302	WOUND CARE	0	0	0	0	0
73.03	07303	SLEEP LAB	0	0	0	0	0
73.04	03950	DIETARY EDUCATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	11,266	155,662	0	0	0
88.01	08801	GIBSON CITY CLINIC	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS						
		B&F - FORREST RURAL HEALTH CLINIC	B&F - PAXTON RURAL HEALTH CLINIC	B&F - MAHOMET SPECIALTY CLINIC	B&F - POTOMAC RURAL HEALTH CLINIC	B&F - PAXTON WELLNESS CENTER		
		1.07	1.09	1.10	1.11	1.12		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	95.00
118.00		SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	11,266	155,662	0	0	0	118.00
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	16,617	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	29,065	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	9,787	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118-201)	11,266	155,662	29,065	9,787	16,617	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS					
		B&F - PAXTON AMBULANCE STATION	B&F - AMBULANCE STAFF RESIDENCE	B&F - AMBULANCE BUILDING	B&F - # 10 DOCTOR'S PARK	B&F - COSMETOLOGY OFFICE	
		1.14	1.15	1.16	1.17	1.18	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	6,568				1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	3,425			1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	0	17,506		1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	0	0	65,302	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	5,697
1.19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	0
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	0
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	0
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	0
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	14,224	0
7.00	00700	OPERATION OF PLANT	0	0	0	0	0
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	0	0	0	60	0
10.00	01000	DIETARY	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	40,479	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	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
73.01	07301	CARDIAC REHAB	0	0	0	0	0
73.02	07302	WOUND CARE	0	0	0	0	0
73.03	07303	SLEEP LAB	0	0	0	0	0
73.04	03950	DIETARY EDUCATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
88.01	08801	GIBSON CITY CLINIC	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/26/2017 2:18 pm

Cost Center Description		CAPITAL RELATED COSTS						
		B&F - PAXTON AMBULANCE STATION	B&F - AMBULANCE STAFF RESIDENCE	B&F - AMBULANCE BUILDING	B&F - # 10 DOCTOR'S PARK	B&F - COSMETOLOGY OFFICE		
		1. 14	1. 15	1. 16	1. 17	1. 18		
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	4,379	3,425	17,506	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,379	3,425	17,506	54,763	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	5,697	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	10,539	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	2,189	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	6,568	3,425	17,506	65,302	5,697	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS					
		B&F - ANESTHESIA HOUSE	B&F - #7 DOCTOR'S PARK	B&F - #4 DOCTOR'S PARK	B&F - #8 DOCTOR'S PARK	B&F - HARMS HOUSE/IT	
		1.19	1.20	1.21	1.22	1.25	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15
1.16	00116	B&F - AMBULANCE BUILDING					1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK					1.17
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18
1.19	00119	B&F - ANESTHESIA HOUSE	3,347				1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	12,406			1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	1,225		1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	7,389	1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	24,721	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	651	0	0	24,721	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,696	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
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
73.01	07301	CARDIAC REHAB	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	12,406	0	7,389	88.00
88.01	08801	GIBSON CITY CLINIC	0	0	0	0	88.01
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	1,225	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

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Cost Center Description		CAPITAL RELATED COSTS						
		B&F - ANESTHESIA HOUSE	B&F - #7 DOCTOR'S PARK	B&F - #4 DOCTOR'S PARK	B&F - #8 DOCTOR'S PARK	B&F - HARMS HOUSE/IT		
		1. 19	1. 20	1. 21	1. 22	1. 25		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,347	12,406	1,225	7,389	24,721	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118-201)	3,347	12,406	1,225	7,389	24,721	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part I Date/Time Prepared: 2/26/2017 2:18 pm
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Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT		
		B&F - 9TH ST. EDUCATION HOUSE	B&F - FALCON POINT RESIDENCE	B&F - 2012 NEW STORAGE SHED	MVBLE EQUIP			
		1.26	1.27	1.28	2.00			4.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	OB UNIT - BLDG & FIXT					1.01	
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04	
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05	
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07	
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09	
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10	
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11	
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12	
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14	
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15	
1.16	00116	B&F - AMBULANCE BUILDING					1.16	
1.17	00117	B&F - # 10 DOCTOR' S PARK					1.17	
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18	
1.19	00119	B&F - ANESTHESIA HOUSE					1.19	
1.20	00120	B&F - #7 DOCTOR' S PARK					1.20	
1.21	00121	B&F - #4 DOCTOR' S PARK					1.21	
1.22	00122	B&F - #8 DOCTOR' S PARK					1.22	
1.25	00125	B&F - HARMS HOUSE/IT					1.25	
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	12,744				1.26	
1.27	00127	B&F - FALCON POINT RESIDENCE	0	6,085			1.27	
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	10,732		1.28	
2.00	00200	CAP REL COSTS-MVBLE EQUIP				3,881,436	2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	10,473,178	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	536,405	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	12,744	0	10,732	1,675,704	1,380,354	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	5,448	173,876	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	34,446	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	24,168	71,720	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	144,161	9.00
10.00	01000	DIETARY	0	0	0	4,076	77,869	10.00
11.00	01100	CAFETERIA	0	0	0	0	98,684	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	161,697	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	222,614	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	213	102,444	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	93,879	896,611	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	49,651	31.00
43.00	04300	NURSERY	0	0	0	0	101,893	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	26,584	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	49,195	536,274	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	339,846	680,407	50.00
51.00	05100	RECOVERY ROOM	0	0	0	873	110,778	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	33,877	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	38,432	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,065,794	541,907	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	37,695	56.00
60.00	06000	LABORATORY	0	0	0	102,270	314,937	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	32,816	138,092	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	47,709	475,488	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	61,630	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	43	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	7,750	69.00
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
73.01	07301	CARDIAC REHAB	0	0	0	11,693	30,353	73.01
73.02	07302	WOUND CARE	0	0	0	0	93,574	73.02
73.03	07303	SLEEP LAB	0	0	0	15,440	33,309	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	86,127	1,174,245	88.00
88.01	08801	GIBSON CITY CLINIC	0	0	0	38,188	26,331	88.01
90.00	09000	CLINIC	0	0	0	2,741	65,524	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	73,287	90.01
91.00	09100	EMERGENCY	0	0	0	77,841	418,824	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

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Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT	
		B&F - 9TH ST. EDUCATION HOUSE	B&F - FALCON POINT RESIDENCE	B&F - 2012 NEW STORAGE SHED	MVBLE EQUIP		
		1.26	1.27	1.28	2.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	110,618	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,744	0	10,732	3,823,071	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	38,116	192.01
192.02	19202	GAH FOUNDATION	0	0	0	23,946	192.02
194.00	07950	FALCON POINT RENTAL	0	6,085	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	34,548	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	44,225	194.03
194.04	07954	PSYCH CLINIC	0	0	0	156,046	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	171,200	194.05
194.06	07956	LASER CLINIC	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	15,959	194.09
194.10	07960	WIC	0	0	0	54,082	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	31,777	194.12
194.13	07963	PODIATRY	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	613	194.14
194.15	07965	ORTHO CLINIC	0	0	0	7,858	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	253,662	194.17
194.18	07968	GAFM	0	0	0	62,198	194.18
194.19	07969	GAPC	0	0	0	31,732	194.19
194.20	07970	FHCF	0	0	0	4,572	194.20
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)	12,744	6,085	10,732	3,881,436	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-1317		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part I Date/Time Prepared: 2/26/2017 2:18 pm	
Cost Center Description			Subtotal	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	ALL OTHER ADMIN & GENERAL	OPERATION OF PLANT	
			4A	5.01	5A.01	5.02	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR' S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR' S PARK						1.20
1.21	00121	B&F - #4 DOCTOR' S PARK						1.21
1.22	00122	B&F - #8 DOCTOR' S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,909,844	2,909,844				5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	11,800,246	0	11,800,246	11,800,246		5.02
7.00	00700	OPERATION OF PLANT	1,847,400	0	1,847,400	319,157	2,166,557	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	490,597	0	490,597	84,756	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	351,237	0	351,237	60,680	59,061	8.00
9.00	00900	HOUSEKEEPING	665,118	0	665,118	114,906	18,582	9.00
10.00	01000	DIETARY	512,022	0	512,022	88,457	64,289	10.00
11.00	01100	CAFETERIA	532,888	0	532,888	92,062	31,547	11.00
13.00	01300	NURSING ADMINISTRATION	847,945	0	847,945	146,491	4,093	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	95,304	0	95,304	16,465	0	14.00
15.00	01500	PHARMACY	1,011,011	0	1,011,011	174,662	31,995	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	498,363	0	498,363	86,097	30,950	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,038,920	324,362	4,363,282	753,801	315,888	30.00
31.00	03100	INTENSIVE CARE UNIT	207,395	16,656	224,051	38,707	26,498	31.00
43.00	04300	NURSERY	447,693	35,954	483,647	83,555	18,432	43.00
44.00	04400	SKILLED NURSING FACILITY	118,775	0	118,775	20,520	19,090	44.00
46.00	04600	OTHER LONG TERM CARE	2,434,134	0	2,434,134	420,521	360,042	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,030,409	323,678	4,354,087	752,212	418,685	50.00
51.00	05100	RECOVERY ROOM	475,099	38,155	513,254	88,670	46,066	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	199,569	16,027	215,596	37,246	57,418	52.00
53.00	05300	ANESTHESIOLOGY	139,716	11,220	150,936	26,076	4,511	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,351,760	349,493	4,701,253	812,188	222,741	54.00
56.00	05600	RADIOISOTOPE	250,330	20,104	270,434	46,720	9,709	56.00
60.00	06000	LABORATORY	2,289,263	183,848	2,473,111	427,255	57,239	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	91,273	7,330	98,603	17,035	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	669,758	53,788	723,546	125,000	32,861	65.00
66.00	06600	PHYSICAL THERAPY	2,068,846	166,147	2,234,993	386,117	10,127	66.00
67.00	06700	OCCUPATIONAL THERAPY	240,584	19,321	259,905	44,901	0	67.00
68.00	06800	SPEECH PATHOLOGY	51,011	4,097	55,108	9,520	0	68.00
69.00	06900	ELECTROCARDIOLOGY	23,738	1,906	25,644	4,430	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,102,713	88,558	1,191,271	205,804	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,890,328	232,119	3,122,447	539,434	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,421,886	114,190	1,536,076	265,372	0	73.00
73.01	07301	CARDIAC REHAB	148,533	11,929	160,462	27,721	24,527	73.01
73.02	07302	WOUND CARE	394,329	31,668	425,997	73,595	34,385	73.02
73.03	07303	SLEEP LAB	299,630	24,063	323,693	55,921	21,420	73.03
73.04	03950	DIETARY EDUCATION	68,612	5,510	74,122	12,805	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	12,918,671	0	12,918,671	2,231,842	4,362	88.00
88.01	08801	GIBSON CITY CLINIC	364,459	0	364,459	62,964	0	88.01
90.00	09000	CLINIC	312,818	25,122	337,940	58,383	68,322	90.00
90.01	09001	GERI PSYCH CLINIC	523,857	42,070	565,927	97,770	0	90.01
91.00	09100	EMERGENCY	2,138,049	171,705	2,309,754	399,033	158,631	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Subtotal	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	ALL OTHER ADMIN & GENERAL	OPERATION OF PLANT	
		4A	5.01	5A.01	5.02	7.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	2,865,449	0	2,865,449	495,035	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	69,139,582	2,319,020	68,548,758	9,803,886	2,151,471	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,763	0	3,763	650	8,484	190.00
192.01	19201 GAH - MSO	326,260	0	326,260	56,365	0	192.01
192.02	19202 GAH FOUNDATION	271,487	0	271,487	46,902	6,602	192.02
194.00	07950 FALCON POINT RENTAL	6,085	489	6,574	1,136	0	194.00
194.01	07951 PHYSICIAN OFFICE	743,378	59,700	803,078	138,740	0	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	1,025,671	0	1,025,671	177,195	0	194.02
194.03	07953 WELLNESS CENTER	201,014	0	201,014	34,727	0	194.03
194.04	07954 PSYCH CLINIC	1,270,706	102,049	1,372,755	237,157	0	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	948,500	76,173	1,024,673	177,023	0	194.05
194.06	07956 LASER CLINIC	0	0	0	0	0	194.06
194.07	07957 PAIN CLINIC	1,727	139	1,866	322	0	194.07
194.08	07958 340B PHARMACY	463,785	0	463,785	80,123	0	194.08
194.09	07959 GAH CARDIOLOGY	596,814	47,930	644,744	111,386	0	194.09
194.10	07960 WIC	213,670	0	213,670	36,914	0	194.10
194.11	07961 PULMONARY CLINIC	4,120	331	4,451	769	0	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	231,887	18,623	250,510	43,278	0	194.12
194.13	07963 PODIATRY	-5,400	0	-5,400	0	0	194.13
194.14	07964 9TH STREET CLINIC	3,231	259	3,490	603	0	194.14
194.15	07965 ORTHO CLINIC	2,787,013	223,822	3,010,835	520,152	0	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967 ELITE PERFORMANCE	1,102,335	0	1,102,335	190,439	0	194.17
194.18	07968 GAFM	352,153	28,281	380,434	65,724	0	194.18
194.19	07969 GAPC	373,325	29,981	403,306	69,675	0	194.19
194.20	07970 FHCF	37,937	3,047	40,984	7,080	0	194.20
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	80,099,043	2,909,844	80,099,043	11,800,246	2,166,557	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/26/2017 2:18 pm

Cost Center Description		OPERATION OF PLANT-OUTSIDE PROPERTY	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.01	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15
1.16	00116	B&F - AMBULANCE BUILDING					1.16
1.17	00117	B&F - # 10 DOCTOR' S PARK					1.17
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18
1.19	00119	B&F - ANESTHESIA HOUSE					1.19
1.20	00120	B&F - #7 DOCTOR' S PARK					1.20
1.21	00121	B&F - #4 DOCTOR' S PARK					1.21
1.22	00122	B&F - #8 DOCTOR' S PARK					1.22
1.25	00125	B&F - HARMS HOUSE/IT					1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE					1.26
1.27	00127	B&F - FALCON POINT RESIDENCE					1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED					1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02	00591	ALL OTHER ADMIN & GENERAL					5.02
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	575,353				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	470,978			8.00
9.00	00900	HOUSEKEEPING	72	60,791	859,469		9.00
10.00	01000	DIETARY	0	12,089	14,393	691,250	10.00
11.00	01100	CAFETERIA	0	0	7,063	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	916	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	7,163	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	6,929	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	79,554	70,722	106,010	87,622
31.00	03100	INTENSIVE CARE UNIT	0	0	5,933	507	26,586
43.00	04300	NURSERY	0	2,627	4,127	0	10,027
44.00	04400	SKILLED NURSING FACILITY	0	26,516	4,274	27,617	3,703
46.00	04600	OTHER LONG TERM CARE	0	151,228	80,608	557,116	74,490
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	47,882	93,737	0	83,184
51.00	05100	RECOVERY ROOM	0	0	10,313	0	17,961
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,736	12,855	0	3,312
53.00	05300	ANESTHESIOLOGY	8,823	0	11,644	0	13,937
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,567	49,868	0	74,950
56.00	05600	RADIOISOTOPE	0	0	2,174	0	9,912
60.00	06000	LABORATORY	0	0	12,815	0	53,286
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	7,357	0	17,179
66.00	06600	PHYSICAL THERAPY	48,635	24,549	60,890	0	92,291
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	4,646
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	736
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
73.01	07301	CARDIAC REHAB	0	0	5,491	0	4,853
73.02	07302	WOUND CARE	0	0	7,698	0	7,037
73.03	07303	SLEEP LAB	0	0	4,796	0	4,025
73.04	03950	DIETARY EDUCATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	258,429	0	113,367	0	0
88.01	08801	GIBSON CITY CLINIC	0	0	0	0	0
90.00	09000	CLINIC	0	0	15,296	0	9,498
90.01	09001	GERI PSYCH CLINIC	22,373	0	26,967	0	0
91.00	09100	EMERGENCY	0	33,439	35,515	0	30,012
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/26/2017 2:18 pm

Cost Center Description		OPERATION OF PLANT-OUTSIDE PROPERTY	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.01	8.00	9.00	10.00	11.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	47,575	0	37,281	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)		385,907	470,978	710,192	691,250	663,560
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,899	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	1,478	0	192.02
194.00	07950	FALCON POINT RENTAL	10,698	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	11,186	0	13,484	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	8,623	0	10,394	0	194.02
194.03	07953	WELLNESS CENTER	38,841	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	11,819	0	14,246	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	26,035	0	18,674	0	194.12
194.13	07963	PODIATRY	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	12,662	0	15,263	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	69,582	0	73,839	0	194.17
194.18	07968	GAFM	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	194.20
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	TOTAL (sum lines 118-201)		575,353	470,978	859,469	691,250	663,560

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part I Date/Time Prepared: 2/26/2017 2:18 pm
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	
		13.00	14.00	15.00	16.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15
1.16	00116	B&F - AMBULANCE BUILDING					1.16
1.17	00117	B&F - # 10 DOCTOR' S PARK					1.17
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18
1.19	00119	B&F - ANESTHESIA HOUSE					1.19
1.20	00120	B&F - #7 DOCTOR' S PARK					1.20
1.21	00121	B&F - #4 DOCTOR' S PARK					1.21
1.22	00122	B&F - #8 DOCTOR' S PARK					1.22
1.25	00125	B&F - HARMS HOUSE/IT					1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE					1.26
1.27	00127	B&F - FALCON POINT RESIDENCE					1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED					1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02	00591	ALL OTHER ADMIN & GENERAL					5.02
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION	1,011,243				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	111,769			14.00
15.00	01500	PHARMACY	0	98	1,230,747		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	37	0	639,073	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	233,908	1,661	2,164	120,498	6,135,110
31.00	03100	INTENSIVE CARE UNIT	70,304	0	9	279	392,874
43.00	04300	NURSERY	27,025	0	0	4,328	633,768
44.00	04400	SKILLED NURSING FACILITY	9,849	0	0	16,685	247,029
46.00	04600	OTHER LONG TERM CARE	198,688	703	242	0	4,277,772
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	221,847	3,329	8,197	102,812	6,085,972
51.00	05100	RECOVERY ROOM	47,903	147	0	0	724,314
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,985	0	0	0	352,148
53.00	05300	ANESTHESIOLOGY	0	177	6,601	0	222,705
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	260	1,340	139,790	6,017,957
56.00	05600	RADIOISOTOPE	0	14	23	0	338,986
60.00	06000	LABORATORY	0	815	57	55,246	3,079,824
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	115,638
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	44,919	16	2	3,770	954,650
66.00	06600	PHYSICAL THERAPY	0	120	668	12,892	2,871,282
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	309,452
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	64,628
69.00	06900	ELECTROCARDIOLOGY	0	3	0	0	30,813
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	34,096	0	0	1,431,171
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	65,973	0	0	3,727,854
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,118,617	0	2,920,065
73.01	07301	CARDIAC REHAB	12,942	13	0	233	236,242
73.02	07302	WOUND CARE	18,769	99	62	2,653	570,295
73.03	07303	SLEEP LAB	10,733	7	0	3,118	423,713
73.04	03950	DIETARY EDUCATION	0	0	0	0	86,927
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	1,458	50,291	0	15,578,420
88.01	08801	GIBSON CITY CLINIC	0	22	450	0	427,895
90.00	09000	CLINIC	25,330	131	33	4,701	519,634
90.01	09001	GERI PSYCH CLINIC	0	23	90	5,841	718,991
91.00	09100	EMERGENCY	80,041	968	865	166,227	3,214,485
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/26/2017 2:18 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	
		13.00	14.00	15.00	16.00	24.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	182	6,262	0	3,451,784	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,011,243	110,352	1,195,973	639,073	66,162,398	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	14,796	190.00
192.01	19201 GAH - MSO	0	15	0	0	382,640	192.01
192.02	19202 GAH FOUNDATION	0	3	0	0	326,472	192.02
194.00	07950 FALCON POINT RENTAL	0	0	0	0	18,408	194.00
194.01	07951 PHYSICIAN OFFICE	0	32	27	0	966,547	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	0	16	6,575	0	1,228,474	194.02
194.03	07953 WELLNESS CENTER	0	15	0	0	274,597	194.03
194.04	07954 PSYCH CLINIC	0	2	0	0	1,609,914	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	0	307	5,043	0	1,233,111	194.05
194.06	07956 LASER CLINIC	0	0	0	0	0	194.06
194.07	07957 PAIN CLINIC	0	0	0	0	2,188	194.07
194.08	07958 340B PHARMACY	0	0	0	0	543,908	194.08
194.09	07959 GAH CARDIOLOGY	0	15	9	0	756,154	194.09
194.10	07960 WIC	0	4	0	0	250,588	194.10
194.11	07961 PULMONARY CLINIC	0	0	0	0	5,220	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	0	14	1,024	0	339,535	194.12
194.13	07963 PODIATRY	0	0	0	0	-5,400	194.13
194.14	07964 9TH STREET CLINIC	0	0	0	0	4,093	194.14
194.15	07965 ORTHO CLINIC	0	922	17,457	0	3,577,291	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967 ELITE PERFORMANCE	0	0	0	0	1,436,195	194.17
194.18	07968 GAFM	0	53	4,578	0	450,789	194.18
194.19	07969 GAPC	0	8	0	0	472,989	194.19
194.20	07970 FHCF	0	11	61	0	48,136	194.20
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)	1,011,243	111,769	1,230,747	639,073	80,099,043	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/26/2017 2:18 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	OB UNIT - BLDG & FIXT		1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI		1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC		1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC		1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC		1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC		1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC		1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER		1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION		1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE		1.15
1.16	00116	B&F - AMBULANCE BUILDING		1.16
1.17	00117	B&F - # 10 DOCTOR' S PARK		1.17
1.18	00118	B&F - COSMETOLOGY OFFICE		1.18
1.19	00119	B&F - ANESTHESIA HOUSE		1.19
1.20	00120	B&F - #7 DOCTOR' S PARK		1.20
1.21	00121	B&F - #4 DOCTOR' S PARK		1.21
1.22	00122	B&F - #8 DOCTOR' S PARK		1.22
1.25	00125	B&F - HARMS HOUSE/IT		1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE		1.26
1.27	00127	B&F - FALCON POINT RESIDENCE		1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED		1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.01
5.02	00591	ALL OTHER ADMIN & GENERAL		5.02
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-105,779	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
56.00	05600	RADIOISOTOPE	0	56.00
60.00	06000	LABORATORY	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	105,779	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
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
73.01	07301	CARDIAC REHAB	0	73.01
73.02	07302	WOUND CARE	0	73.02
73.03	07303	SLEEP LAB	0	73.03
73.04	03950	DIETARY EDUCATION	0	73.04
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
88.01	08801	GIBSON CITY CLINIC	0	88.01
90.00	09000	CLINIC	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	90.01
91.00	09100	EMERGENCY	0	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/26/2017 2:18 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	25.00	26.00	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	3,451,784	95.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	66,162,398	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,796	190.00
192.01	19201 GAH - MSO	0	382,640	192.01
192.02	19202 GAH FOUNDATION	0	326,472	192.02
194.00	07950 FALCON POINT RENTAL	0	18,408	194.00
194.01	07951 PHYSICIAN OFFICE	0	966,547	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	0	1,228,474	194.02
194.03	07953 WELLNESS CENTER	0	274,597	194.03
194.04	07954 PSYCH CLINIC	0	1,609,914	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	0	1,233,111	194.05
194.06	07956 LASER CLINIC	0	0	194.06
194.07	07957 PAIN CLINIC	0	2,188	194.07
194.08	07958 340B PHARMACY	0	543,908	194.08
194.09	07959 GAH CARDIOLOGY	0	756,154	194.09
194.10	07960 WIC	0	250,588	194.10
194.11	07961 PULMONARY CLINIC	0	5,220	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	0	339,535	194.12
194.13	07963 PODIATRY	0	-5,400	194.13
194.14	07964 9TH STREET CLINIC	0	4,093	194.14
194.15	07965 ORTHO CLINIC	0	3,577,291	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	194.16
194.17	07967 ELITE PERFORMANCE	0	1,436,195	194.17
194.18	07968 GAFM	0	450,789	194.18
194.19	07969 GAPC	0	472,989	194.19
194.20	07970 FHCF	0	48,136	194.20
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	80,099,043	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/26/2017 2:18 pm
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Cost Center Description		CAPITAL RELATED COSTS					
		Directly Assigned New Capital Related Costs	BLDG & FIXT	OB UNIT - BLDG & FIXT	B&F - FARMER CITY RURAL HEALTH CLINI		B&F - HOOPESTON RURAL HEALTH CLINI C
			0	1.00	1.01		1.04
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00	
1.01	00101	OB UNIT - BLDG & FIXT				1.01	
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI				1.04	
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINI C				1.05	
1.07	00107	B&F - FORREST RURAL HEALTH CLINI C				1.07	
1.09	00109	B&F - PAXTON RURAL HEALTH CLINI C				1.09	
1.10	00110	B&F - MAHOMET SPECIALTY CLINI C				1.10	
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINI C				1.11	
1.12	00112	B&F - PAXTON WELLNESS CENTER				1.12	
1.14	00114	B&F - PAXTON AMBULANCE STATION				1.14	
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE				1.15	
1.16	00116	B&F - AMBULANCE BUILDING				1.16	
1.17	00117	B&F - # 10 DOCTOR' S PARK				1.17	
1.18	00118	B&F - COSMETOLOGY OFFICE				1.18	
1.19	00119	B&F - ANESTHESIA HOUSE				1.19	
1.20	00120	B&F - #7 DOCTOR' S PARK				1.20	
1.21	00121	B&F - #4 DOCTOR' S PARK				1.21	
1.22	00122	B&F - #8 DOCTOR' S PARK				1.22	
1.25	00125	B&F - HARMS HOUSE/IT				1.25	
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE				1.26	
1.27	00127	B&F - FALCON POINT RESIDENCE				1.27	
1.28	00128	B&F - 2012 NEW STORAGE SHED				1.28	
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	12,946	0	0	
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	7,248	0	0	
5.02	00591	ALL OTHER ADMIN & GENERAL	0	310,773	9,099	0	
7.00	00700	OPERATION OF PLANT	0	141,135	0	0	
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	
8.00	00800	LAUNDRY & LINEN SERVICE	0	26,197	0	0	
9.00	00900	HOUSEKEEPING	0	7,169	2,393	0	
10.00	01000	DIETARY	0	28,516	0	0	
11.00	01100	CAFETERIA	0	13,993	0	0	
13.00	01300	NURSING ADMINISTRATION	0	1,815	0	0	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	
15.00	01500	PHARMACY	0	14,192	0	0	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	13,728	0	0	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	55,110	189,522	0	
31.00	03100	INTENSIVE CARE UNIT	0	11,754	0	0	
43.00	04300	NURSERY	0	0	18,228	0	
44.00	04400	SKILLED NURSING FACILITY	0	8,467	0	0	
46.00	04600	OTHER LONG TERM CARE	0	159,699	0	0	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	179,867	13,029	0	
51.00	05100	RECOVERY ROOM	0	20,433	0	0	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	56,783	0	
53.00	05300	ANESTHESIOLOGY	0	1,179	1,832	0	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	98,798	0	0	
56.00	05600	RADIOISOTOPE	0	4,307	0	0	
60.00	06000	LABORATORY	0	25,389	0	0	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	
65.00	06500	RESPIRATORY THERAPY	0	14,576	0	0	
66.00	06600	PHYSICAL THERAPY	0	4,492	0	0	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	
73.01	07301	CARDIAC REHAB	0	10,879	0	0	
73.02	07302	WOUND CARE	0	15,252	0	0	
73.03	07303	SLEEP LAB	0	9,501	0	0	
73.04	03950	DIETARY EDUCATION	0	0	0	0	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	1,935	0	13,903	
88.01	08801	GIBSON CITY CLINIC	0	0	0	55,864	
90.00	09000	CLINIC	0	30,305	0	0	
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part II
Date/Time Prepared:
2/26/2017 2:18 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
			BLDG & FIXT	OB UNIT - BLDG & FIXT	B&F - FARMER CITY RURAL HEALTH CLINI	B&F - HOOPESTON RURAL HEALTH CLINIC		
			0	1.00	1.01	1.04		1.05
91.00	09100	EMERGENCY	0	70,362	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,300,017	290,886	13,903	55,864	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,763	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	2,928	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
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	1,306,708	290,886	13,903	55,864	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/26/2017 2:18 pm
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Cost Center Description		CAPITAL RELATED COSTS					
		B&F - FORREST RURAL HEALTH CLINIC	B&F - PAXTON RURAL HEALTH CLINIC	B&F - MAHOMET SPECIALTY CLINIC	B&F - POTOMAC RURAL HEALTH CLINIC	B&F - PAXTON WELLNESS CENTER	
		1.07	1.09	1.10	1.11	1.12	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15
1.16	00116	B&F - AMBULANCE BUILDING					1.16
1.17	00117	B&F - # 10 DOCTOR' S PARK					1.17
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18
1.19	00119	B&F - ANESTHESIA HOUSE					1.19
1.20	00120	B&F - #7 DOCTOR' S PARK					1.20
1.21	00121	B&F - #4 DOCTOR' S PARK					1.21
1.22	00122	B&F - #8 DOCTOR' S PARK					1.22
1.25	00125	B&F - HARMS HOUSE/IT					1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE					1.26
1.27	00127	B&F - FALCON POINT RESIDENCE					1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED					1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
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
73.01	07301	CARDIAC REHAB	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	11,266	155,662	0	0	88.00
88.01	08801	GIBSON CITY CLINIC	0	0	0	0	88.01
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/26/2017 2:18 pm
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Cost Center Description		CAPITAL RELATED COSTS						
		B&F - FORREST RURAL HEALTH CLINIC	B&F - PAXTON RURAL HEALTH CLINIC	B&F - MAHOMET SPECIALTY CLINIC	B&F - POTOMAC RURAL HEALTH CLINIC	B&F - PAXTON WELLNESS CENTER		
		1.07	1.09	1.10	1.11	1.12		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,266	155,662	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	16,617	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	29,065	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	9,787	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118-201)	11,266	155,662	29,065	9,787	16,617	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/26/2017 2:18 pm
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Cost Center Description		CAPITAL RELATED COSTS					
		B&F - PAXTON AMBULANCE STATION	B&F - AMBULANCE STAFF RESIDENCE	B&F - AMBULANCE BUILDING	B&F - # 10 DOCTOR'S PARK	B&F - COSMETOLOGY OFFICE	
		1. 14	1. 15	1. 16	1. 17	1. 18	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15
1.16	00116	B&F - AMBULANCE BUILDING					1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK					1.17
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18
1.19	00119	B&F - ANESTHESIA HOUSE					1.19
1.20	00120	B&F - #7 DOCTOR'S PARK					1.20
1.21	00121	B&F - #4 DOCTOR'S PARK					1.21
1.22	00122	B&F - #8 DOCTOR'S PARK					1.22
1.25	00125	B&F - HARMS HOUSE/IT					1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE					1.26
1.27	00127	B&F - FALCON POINT RESIDENCE					1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED					1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	14,224	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	60	9.00
10.00	01000	DIETARY	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	40,479	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
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
73.01	07301	CARDIAC REHAB	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
88.01	08801	GIBSON CITY CLINIC	0	0	0	0	88.01
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	90.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/26/2017 2:18 pm
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Cost Center Description		CAPITAL RELATED COSTS						
		B&F - PAXTON AMBULANCE STATION	B&F - AMBULANCE STAFF RESIDENCE	B&F - AMBULANCE BUILDING	B&F - # 10 DOCTOR'S PARK	B&F - COSMETOLOGY OFFICE		
		1. 14	1. 15	1. 16	1. 17	1. 18		
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	4,379	3,425	17,506	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,379	3,425	17,506	54,763	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	5,697	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	10,539	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	2,189	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	6,568	3,425	17,506	65,302	5,697	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/26/2017 2:18 pm
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Cost Center Description		CAPITAL RELATED COSTS					
		B&F - ANESTHESIA HOUSE	B&F - #7 DOCTOR'S PARK	B&F - #4 DOCTOR'S PARK	B&F - #8 DOCTOR'S PARK	B&F - HARMS HOUSE/IT	
		1. 19	1. 20	1. 21	1. 22	1. 25	
GENERAL SERVICE COST CENTERS							
1. 00	00100	CAP REL COSTS-BLDG & FIXT					1. 00
1. 01	00101	OB UNIT - BLDG & FIXT					1. 01
1. 04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1. 04
1. 05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1. 05
1. 07	00107	B&F - FORREST RURAL HEALTH CLINIC					1. 07
1. 09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1. 09
1. 10	00110	B&F - MAHOMET SPECIALTY CLINIC					1. 10
1. 11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1. 11
1. 12	00112	B&F - PAXTON WELLNESS CENTER					1. 12
1. 14	00114	B&F - PAXTON AMBULANCE STATION					1. 14
1. 15	00115	B&F - AMBULANCE STAFF RESIDENCE					1. 15
1. 16	00116	B&F - AMBULANCE BUILDING					1. 16
1. 17	00117	B&F - # 10 DOCTOR'S PARK					1. 17
1. 18	00118	B&F - COSMETOLOGY OFFICE					1. 18
1. 19	00119	B&F - ANESTHESIA HOUSE					1. 19
1. 20	00120	B&F - #7 DOCTOR'S PARK					1. 20
1. 21	00121	B&F - #4 DOCTOR'S PARK					1. 21
1. 22	00122	B&F - #8 DOCTOR'S PARK					1. 22
1. 25	00125	B&F - HARMS HOUSE/IT					1. 25
1. 26	00126	B&F - 9TH ST. EDUCATION HOUSE					1. 26
1. 27	00127	B&F - FALCON POINT RESIDENCE					1. 27
1. 28	00128	B&F - 2012 NEW STORAGE SHED					1. 28
2. 00	00200	CAP REL COSTS-MVBLE EQUIP					2. 00
4. 00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4. 00
5. 01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5. 01
5. 02	00591	ALL OTHER ADMIN & GENERAL	651	0	0	0	24, 721 5. 02
7. 00	00700	OPERATION OF PLANT	0	0	0	0	7. 00
7. 01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	7. 01
8. 00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8. 00
9. 00	00900	HOUSEKEEPING	0	0	0	0	9. 00
10. 00	01000	DIETARY	0	0	0	0	10. 00
11. 00	01100	CAFETERIA	0	0	0	0	11. 00
13. 00	01300	NURSING ADMINISTRATION	0	0	0	0	13. 00
14. 00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14. 00
15. 00	01500	PHARMACY	0	0	0	0	15. 00
16. 00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16. 00
INPATIENT ROUTINE SERVICE COST CENTERS							
30. 00	03000	ADULTS & PEDIATRICS	0	0	0	0	30. 00
31. 00	03100	INTENSIVE CARE UNIT	0	0	0	0	31. 00
43. 00	04300	NURSERY	0	0	0	0	43. 00
44. 00	04400	SKILLED NURSING FACILITY	0	0	0	0	44. 00
46. 00	04600	OTHER LONG TERM CARE	0	0	0	0	46. 00
ANCILLARY SERVICE COST CENTERS							
50. 00	05000	OPERATING ROOM	0	0	0	0	50. 00
51. 00	05100	RECOVERY ROOM	0	0	0	0	51. 00
52. 00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52. 00
53. 00	05300	ANESTHESIOLOGY	2, 696	0	0	0	53. 00
54. 00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54. 00
56. 00	05600	RADIOISOTOPE	0	0	0	0	56. 00
60. 00	06000	LABORATORY	0	0	0	0	60. 00
63. 00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63. 00
64. 00	06400	INTRAVENOUS THERAPY	0	0	0	0	64. 00
65. 00	06500	RESPIRATORY THERAPY	0	0	0	0	65. 00
66. 00	06600	PHYSICAL THERAPY	0	0	0	0	66. 00
67. 00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67. 00
68. 00	06800	SPEECH PATHOLOGY	0	0	0	0	68. 00
69. 00	06900	ELECTROCARDIOLOGY	0	0	0	0	69. 00
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
73. 01	07301	CARDIAC REHAB	0	0	0	0	73. 01
73. 02	07302	WOUND CARE	0	0	0	0	73. 02
73. 03	07303	SLEEP LAB	0	0	0	0	73. 03
73. 04	03950	DIETARY EDUCATION	0	0	0	0	73. 04
OUTPATIENT SERVICE COST CENTERS							
88. 00	08800	RURAL HEALTH CLINIC	0	12, 406	0	7, 389	0 88. 00
88. 01	08801	GIBSON CITY CLINIC	0	0	0	0	0 88. 01
90. 00	09000	CLINIC	0	0	0	0	0 90. 00
90. 01	09001	GERI PSYCH CLINIC	0	0	1, 225	0	0 90. 01
91. 00	09100	EMERGENCY	0	0	0	0	0 91. 00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/26/2017 2:18 pm
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Cost Center Description		CAPITAL RELATED COSTS						
		B&F - ANESTHESIA HOUSE	B&F - #7 DOCTOR'S PARK	B&F - #4 DOCTOR'S PARK	B&F - #8 DOCTOR'S PARK	B&F - HARMS HOUSE/IT		
		1.19	1.20	1.21	1.22	1.25		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,347	12,406	1,225	7,389	24,721	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118-201)	3,347	12,406	1,225	7,389	24,721	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/26/2017 2:18 pm
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Cost Center Description		CAPITAL RELATED COSTS				Subtotal		
		B&F - 9TH ST. EDUCATION HOUSE	B&F - FALCON POINT RESIDENCE	B&F - 2012 NEW STORAGE SHED	MVBLE EQUIP			
		1.26	1.27	1.28	2.00			2A
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	OB UNIT - BLDG & FIXT					1.01	
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04	
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05	
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07	
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09	
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10	
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11	
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12	
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14	
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15	
1.16	00116	B&F - AMBULANCE BUILDING					1.16	
1.17	00117	B&F - # 10 DOCTOR'S PARK					1.17	
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18	
1.19	00119	B&F - ANESTHESIA HOUSE					1.19	
1.20	00120	B&F - #7 DOCTOR'S PARK					1.20	
1.21	00121	B&F - #4 DOCTOR'S PARK					1.21	
1.22	00122	B&F - #8 DOCTOR'S PARK					1.22	
1.25	00125	B&F - HARMS HOUSE/IT					1.25	
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE					1.26	
1.27	00127	B&F - FALCON POINT RESIDENCE					1.27	
1.28	00128	B&F - 2012 NEW STORAGE SHED					1.28	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	12,946	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	7,248	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	12,744	0	10,732	1,675,704	2,058,648	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	5,448	146,583	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	24,168	50,365	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9,622	9.00
10.00	01000	DIETARY	0	0	0	4,076	32,592	10.00
11.00	01100	CAFETERIA	0	0	0	0	13,993	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,815	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	14,192	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	213	13,941	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	93,879	338,511	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	11,754	31.00
43.00	04300	NURSERY	0	0	0	0	18,228	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	8,467	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	49,195	208,894	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	339,846	532,742	50.00
51.00	05100	RECOVERY ROOM	0	0	0	873	21,306	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	56,783	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	38,432	44,139	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,065,794	1,164,592	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	4,307	56.00
60.00	06000	LABORATORY	0	0	0	102,270	127,659	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	32,816	47,392	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	47,709	92,680	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
73.01	07301	CARDIAC REHAB	0	0	0	11,693	22,572	73.01
73.02	07302	WOUND CARE	0	0	0	0	15,252	73.02
73.03	07303	SLEEP LAB	0	0	0	15,440	24,941	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	86,127	344,552	88.00
88.01	08801	GIBSON CITY CLINIC	0	0	0	38,188	38,188	88.01
90.00	09000	CLINIC	0	0	0	2,741	33,046	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	1,225	90.01
91.00	09100	EMERGENCY	0	0	0	77,841	148,203	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part II
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Cost Center Description		CAPITAL RELATED COSTS				Subtotal		
		B&F - 9TH ST. EDUCATION HOUSE	B&F - FALCON POINT RESIDENCE	B&F - 2012 NEW STORAGE SHED	MVBLE EQUIP			
		1.26	1.27	1.28	2.00			
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	110,618	135,928	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,744	0	10,732	3,823,071	5,803,306	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	3,763	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	2,928	192.02
194.00	07950	FALCON POINT RENTAL	0	6,085	0	0	6,085	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	34,548	34,548	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	5,697	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	16,617	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	29,065	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	15,959	15,959	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	9,787	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	7,858	18,397	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	2,189	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118-201)	12,744	6,085	10,732	3,881,436	5,948,341	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-1317		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 2/26/2017 2:18 pm	
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/AC COUNTS RECEIVABLE	ALL OTHER ADMIN & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT-OUTSIDE PROPERTY	
			4.00	5.01	5.02	7.00	7.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR' S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR' S PARK						1.20
1.21	00121	B&F - #4 DOCTOR' S PARK						1.21
1.22	00122	B&F - #8 DOCTOR' S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,946					4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	663	7,911				5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	1,710	0	2,060,358			5.02
7.00	00700	OPERATION OF PLANT	215	0	55,725	202,523		7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	43	0	14,798	0	14,841	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	89	0	10,595	5,521	0	8.00
9.00	00900	HOUSEKEEPING	178	0	20,063	1,737	2	9.00
10.00	01000	DIETARY	96	0	15,445	6,010	0	10.00
11.00	01100	CAFETERIA	122	0	16,074	2,949	0	11.00
13.00	01300	NURSING ADMINISTRATION	200	0	25,577	383	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,875	0	0	14.00
15.00	01500	PHARMACY	275	0	30,496	2,991	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	127	0	15,033	2,893	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,108	880	131,614	29,528	0	30.00
31.00	03100	INTENSIVE CARE UNIT	61	45	6,758	2,477	0	31.00
43.00	04300	NURSERY	126	98	14,589	1,723	0	43.00
44.00	04400	SKILLED NURSING FACILITY	33	0	3,583	1,784	0	44.00
46.00	04600	OTHER LONG TERM CARE	662	0	73,423	33,656	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	840	879	131,337	39,136	0	50.00
51.00	05100	RECOVERY ROOM	137	104	15,482	4,306	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	42	44	6,503	5,367	0	52.00
53.00	05300	ANESTHESIOLOGY	0	30	4,553	422	228	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	669	962	141,809	20,821	0	54.00
56.00	05600	RADIOISOTOPE	47	55	8,157	908	0	56.00
60.00	06000	LABORATORY	389	499	74,599	5,350	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	20	2,974	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	171	146	21,825	3,072	0	65.00
66.00	06600	PHYSICAL THERAPY	587	451	67,416	947	1,255	66.00
67.00	06700	OCCUPATIONAL THERAPY	76	52	7,840	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	11	1,662	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10	5	774	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	240	35,933	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	630	94,185	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	310	46,334	0	0	73.00
73.01	07301	CARDIAC REHAB	37	32	4,840	2,293	0	73.01
73.02	07302	WOUND CARE	116	86	12,850	3,214	0	73.02
73.03	07303	SLEEP LAB	41	65	9,764	2,002	0	73.03
73.04	03950	DIETARY EDUCATION	0	15	2,236	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	1,451	0	389,711	408	6,664	88.00
88.01	08801	GIBSON CITY CLINIC	33	0	10,994	0	0	88.01
90.00	09000	CLINIC	81	68	10,194	6,387	0	90.00
90.01	09001	GERI PSYCH CLINIC	91	114	17,071	0	577	90.01
91.00	09100	EMERGENCY	517	466	69,671	14,828	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

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Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT 4.00	CASHIERING/AC COUNTS RECEIVABLE 5.01	ALL OTHER ADMIN & GENERAL 5.02	OPERATION OF PLANT 7.00	OPERATION OF PLANT-OUTSIDE PROPERTY 7.01	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	770	0	86,433	0	1,227	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	11,813	6,307	1,711,795	201,113	9,953	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	114	793	0	190.00
192.01	19201 GAH - MSO	47	0	9,841	0	0	192.01
192.02	19202 GAH FOUNDATION	30	0	8,189	617	0	192.02
194.00	07950 FALCON POINT RENTAL	0	1	198	0	276	194.00
194.01	07951 PHYSICIAN OFFICE	52	162	24,224	0	289	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	0	0	30,938	0	222	194.02
194.03	07953 WELLNESS CENTER	55	0	6,063	0	1,002	194.03
194.04	07954 PSYCH CLINIC	193	277	41,408	0	0	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	211	207	30,908	0	305	194.05
194.06	07956 LASER CLINIC	0	0	0	0	0	194.06
194.07	07957 PAIN CLINIC	0	0	56	0	0	194.07
194.08	07958 340B PHARMACY	0	0	13,990	0	0	194.08
194.09	07959 GAH CARDIOLOGY	3	130	19,448	0	0	194.09
194.10	07960 WIC	67	0	6,445	0	0	194.10
194.11	07961 PULMONARY CLINIC	0	1	134	0	0	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	39	51	7,556	0	672	194.12
194.13	07963 PODIATRY	0	0	0	0	0	194.13
194.14	07964 9TH STREET CLINIC	1	1	105	0	0	194.14
194.15	07965 ORTHO CLINIC	0	608	90,819	0	327	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967 ELITE PERFORMANCE	313	0	33,251	0	1,795	194.17
194.18	07968 GAFM	77	77	11,475	0	0	194.18
194.19	07969 GAPC	39	81	12,165	0	0	194.19
194.20	07970 FHCF	6	8	1,236	0	0	194.20
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)	12,946	7,911	2,060,358	202,523	14,841	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/26/2017 2:18 pm				
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
		8.00	9.00	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	OB UNIT - BLDG & FIXT					1.01	
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04	
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05	
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07	
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09	
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10	
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11	
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12	
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14	
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15	
1.16	00116	B&F - AMBULANCE BUILDING					1.16	
1.17	00117	B&F - # 10 DOCTOR' S PARK					1.17	
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18	
1.19	00119	B&F - ANESTHESIA HOUSE					1.19	
1.20	00120	B&F - #7 DOCTOR' S PARK					1.20	
1.21	00121	B&F - #4 DOCTOR' S PARK					1.21	
1.22	00122	B&F - #8 DOCTOR' S PARK					1.22	
1.25	00125	B&F - HARMS HOUSE/IT					1.25	
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE					1.26	
1.27	00127	B&F - FALCON POINT RESIDENCE					1.27	
1.28	00128	B&F - 2012 NEW STORAGE SHED					1.28	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.01	
5.02	00591	ALL OTHER ADMIN & GENERAL					5.02	
7.00	00700	OPERATION OF PLANT					7.00	
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY					7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	66,570				8.00	
9.00	00900	HOUSEKEEPING	8,592	40,194			9.00	
10.00	01000	DIETARY	1,709	673	56,525		10.00	
11.00	01100	CAFETERIA	0	330	0	33,468	11.00	
13.00	01300	NURSING ADMINISTRATION	0	43	0	595	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00	
15.00	01500	PHARMACY	0	335	0	293	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	324	0	842	16.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,244	3,307	8,669	4,419	6,618	30.00
31.00	03100	INTENSIVE CARE UNIT	0	277	41	1,341	1,989	31.00
43.00	04300	NURSERY	371	193	0	506	765	43.00
44.00	04400	SKILLED NURSING FACILITY	3,748	200	2,258	187	279	44.00
46.00	04600	OTHER LONG TERM CARE	21,377	3,770	45,557	3,757	5,622	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,768	4,384	0	4,196	6,277	50.00
51.00	05100	RECOVERY ROOM	0	482	0	906	1,355	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,365	601	0	167	254	52.00
53.00	05300	ANESTHESIOLOGY	0	545	0	703	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,200	2,332	0	3,780	0	54.00
56.00	05600	RADIO SOTOPE	0	102	0	500	0	56.00
60.00	06000	LABORATORY	0	599	0	2,688	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	344	0	866	1,271	65.00
66.00	06600	PHYSICAL THERAPY	3,470	2,848	0	4,655	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	234	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	37	0	69.00
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
73.01	07301	CARDIAC REHAB	0	257	0	245	366	73.01
73.02	07302	WOUND CARE	0	360	0	355	531	73.02
73.03	07303	SLEEP LAB	0	224	0	203	304	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	5,303	0	0	0	88.00
88.01	08801	GIBSON CITY CLINIC	0	0	0	0	0	88.01
90.00	09000	CLINIC	0	715	0	479	717	90.00
90.01	09001	GERI PSYCH CLINIC	0	1,261	0	0	0	90.01
91.00	09100	EMERGENCY	4,726	1,661	0	1,514	2,265	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317			Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 2/26/2017 2:18 pm	
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
		8.00	9.00	10.00	11.00	13.00		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	1,743	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)		66,570	33,213	56,525	33,468	28,613	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	89	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	69	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	631	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	486	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	666	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	873	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	714	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	3,453	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers							201.00
202.00	TOTAL (sum lines 118-201)		66,570	40,194	56,525	33,468	28,613	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-1317		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 2/26/2017 2:18 pm	
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			14.00	15.00	16.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00591	ALL OTHER ADMIN & GENERAL						5.02
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,875					14.00
15.00	01500	PHARMACY	3	48,585				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1	0	33,161			16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43	85	6,253	542,279	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	14	24,757	0	31.00
43.00	04300	NURSERY	0	0	225	36,824	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	866	21,405	0	44.00
46.00	04600	OTHER LONG TERM CARE	18	10	0	396,746	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	86	324	5,335	732,304	0	50.00
51.00	05100	RECOVERY ROOM	4	0	0	44,082	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	72,126	0	52.00
53.00	05300	ANESTHESIOLOGY	5	261	0	50,886	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7	53	7,254	1,344,479	0	54.00
56.00	05600	RADIOISOTOPE	0	1	0	14,077	0	56.00
60.00	06000	LABORATORY	21	2	2,867	214,673	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,994	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	196	75,283	0	65.00
66.00	06600	PHYSICAL THERAPY	3	26	669	175,007	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,202	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,673	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	826	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	877	0	0	37,050	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,698	0	0	96,513	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	44,160	0	90,804	0	73.00
73.01	07301	CARDIAC REHAB	0	0	12	30,654	0	73.01
73.02	07302	WOUND CARE	3	2	138	32,907	0	73.02
73.03	07303	SLEEP LAB	0	0	162	37,706	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	2,251	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	37	1,985	0	750,111	0	88.00
88.01	08801	GIBSON CITY CLINIC	1	18	0	49,234	0	88.01
90.00	09000	CLINIC	3	1	244	51,935	0	90.00
90.01	09001	GERI PSYCH CLINIC	1	4	303	20,647	0	90.01
91.00	09100	EMERGENCY	25	34	8,623	252,533	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/26/2017 2:18 pm			
Cost Center	Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		14.00	15.00	16.00	24.00	25.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	5	247	0	226,353	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,841	47,213	33,161	5,437,321	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	4,759	0	190.00
192.01	19201 GAH - MSO	0	0	0	9,888	0	192.01
192.02	19202 GAH FOUNDATION	0	0	0	11,833	0	192.02
194.00	07950 FALCON POINT RENTAL	0	0	0	6,560	0	194.00
194.01	07951 PHYSICIAN OFFICE	1	1	0	59,908	0	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	0	260	0	37,603	0	194.02
194.03	07953 WELLNESS CENTER	0	0	0	23,737	0	194.03
194.04	07954 PSYCH CLINIC	0	0	0	41,878	0	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	8	199	0	61,569	0	194.05
194.06	07956 LASER CLINIC	0	0	0	0	0	194.06
194.07	07957 PAIN CLINIC	0	0	0	56	0	194.07
194.08	07958 340B PHARMACY	0	0	0	13,990	0	194.08
194.09	07959 GAH CARDIOLOGY	0	0	0	35,540	0	194.09
194.10	07960 WIC	0	0	0	6,512	0	194.10
194.11	07961 PULMONARY CLINIC	0	0	0	135	0	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	0	40	0	19,018	0	194.12
194.13	07963 PODIATRY	0	0	0	0	0	194.13
194.14	07964 9TH STREET CLINIC	0	0	0	107	0	194.14
194.15	07965 ORTHO CLINIC	24	689	0	111,578	0	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967 ELITE PERFORMANCE	0	0	0	41,001	0	194.17
194.18	07968 GAFM	1	181	0	11,811	0	194.18
194.19	07969 GAPC	0	0	0	12,285	0	194.19
194.20	07970 FHCF	0	2	0	1,252	0	194.20
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)	2,875	48,585	33,161	5,948,341	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/26/2017 2:18 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	OB UNIT - BLDG & FIXT	1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI	1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC	1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC	1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	1.15
1.16	00116	B&F - AMBULANCE BUILDING	1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	1.22
1.25	00125	B&F - HARMS HOUSE/IT	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	5.02
7.00	00700	OPERATION OF PLANT	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
46.00	04600	OTHER LONG TERM CARE	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	05600	RADIOISOTOPE	56.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
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
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
73.01	07301	CARDIAC REHAB	73.01
73.02	07302	WOUND CARE	73.02
73.03	07303	SLEEP LAB	73.03
73.04	03950	DIETARY EDUCATION	73.04
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
88.01	08801	GIBSON CITY CLINIC	88.01
90.00	09000	CLINIC	90.00
90.01	09001	GERI PSYCH CLINIC	90.01
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/26/2017 2:18 pm
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Cost Center Description		Total	
		26.00	
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,437,321	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,759	190.00
192.01	19201 GAH - MSO	9,888	192.01
192.02	19202 GAH FOUNDATION	11,833	192.02
194.00	07950 FALCON POINT RENTAL	6,560	194.00
194.01	07951 PHYSICIAN OFFICE	59,908	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	37,603	194.02
194.03	07953 WELLNESS CENTER	23,737	194.03
194.04	07954 PSYCH CLINIC	41,878	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	61,569	194.05
194.06	07956 LASER CLINIC	0	194.06
194.07	07957 PAIN CLINIC	56	194.07
194.08	07958 340B PHARMACY	13,990	194.08
194.09	07959 GAH CARDIOLOGY	35,540	194.09
194.10	07960 WIC	6,512	194.10
194.11	07961 PULMONARY CLINIC	135	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	19,018	194.12
194.13	07963 PODIATRY	0	194.13
194.14	07964 9TH STREET CLINIC	107	194.14
194.15	07965 ORTHO CLINIC	111,578	194.15
194.16	07966 GA MEDICAL CLINIC	0	194.16
194.17	07967 ELITE PERFORMANCE	41,001	194.17
194.18	07968 GAFM	11,811	194.18
194.19	07969 GAPC	12,285	194.19
194.20	07970 FHCF	1,252	194.20
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	5,948,341	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/26/2017 2:18 pm

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	OB UNIT - BLDG & FIXT (SQUARE FEET)	B&F - FARMER CITY RURAL HEALTH CLINI (SQUARE FEET)	B&F - HOOPESTON RURAL HEALTH CLINIC (SQUARE FEET)	B&F - FORREST RURAL HEALTH CLINIC (SQUARE FEET)		
		1.00	1.01	1.04	1.05	1.07		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	98,613					1.00
1.01	00101	OB UNIT - BLDG & FIXT	0	9,846				1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI	0	0	2,160			1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	2,000		1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	0	3,284	1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	0	0	1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	0	0	1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	0	0	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	0	0	0	0	0	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	0	0	0	0	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	0	1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	0	0	0	0	1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	0	0	0	0	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	0	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	0	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	0	1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	0	1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	0	1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	977	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	547	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	23,453	308	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	10,651	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,977	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	541	81	0	0	0	9.00
10.00	01000	DIETARY	2,152	0	0	0	0	10.00
11.00	01100	CAFETERIA	1,056	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	137	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	1,071	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,036	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,159	6,415	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	887	0	0	0	0	31.00
43.00	04300	NURSERY	0	617	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	639	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	12,052	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,574	441	0	0	0	50.00
51.00	05100	RECOVERY ROOM	1,542	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,922	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	89	62	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,456	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	325	0	0	0	0	56.00
60.00	06000	LABORATORY	1,916	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,100	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	339	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
73.01	07301	CARDIAC REHAB	821	0	0	0	0	73.01
73.02	07302	WOUND CARE	1,151	0	0	0	0	73.02
73.03	07303	SLEEP LAB	717	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	146	0	2,160	2,000	3,284	88.00
88.01	08801	GIBSON CITY CLINIC	0	0	0	0	0	88.01
90.00	09000	CLINIC	2,287	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/26/2017 2:18 pm

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	OB UNIT - BLDG & FIXT (SQUARE FEET)	B&F - FARMER CITY RURAL HEALTH CLINI (SQUARE FEET)	B&F - HOOPESTON RURAL HEALTH CLINIC (SQUARE FEET)	B&F - FORREST RURAL HEALTH CLINIC (SQUARE FEET)		
		1.00	1.01	1.04	1.05	1.07		
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	5,310	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)		98,108	9,846	2,160	2,000	3,284	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	284	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	221	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
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)		1,306,708	290,886	13,903	55,864	11,266	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		13.250870	29.543571	6.436574	27.932000	3.430572	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: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet B-1 Date/Time Prepared: 2/26/2017 2:18 pm
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Cost Center Description		CAPITAL RELATED COSTS					
		B&F - PAXTON RURAL HEALTH CLINIC (SQUARE FEET)	B&F - MAHOMET SPECIALTY CLINIC (SQUARE FEET)	B&F - POTOMAC RURAL HEALTH CLINIC (SQUARE FEET)	B&F - PAXTON WELLNESS CENTER (SQUARE FEET)	B&F - PAXTON AMBULANCE STATION (SQUARE FEET)	
		1.09	1.10	1.11	1.12	1.14	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	19,834				1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	0	2,130			1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	4,692		1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	0	0	0	7,000	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	0	0	0	4,500
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	0
1.16	00116	B&F - AMBULANCE BUILDING	0	0	0	0	0
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	0	0	0	0
1.18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	0
1.19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	0
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	0
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	0
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	0
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	0	0	0	0	0
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	0	0	0	0	0
10.00	01000	DIETARY	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	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
73.01	07301	CARDIAC REHAB	0	0	0	0	0
73.02	07302	WOUND CARE	0	0	0	0	0
73.03	07303	SLEEP LAB	0	0	0	0	0
73.04	03950	DIETARY EDUCATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	19,834	0	0	0	0
88.01	08801	GIBSON CITY CLINIC	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/26/2017 2:18 pm

Cost Center Description		CAPITAL RELATED COSTS						
		B&F - PAXTON RURAL HEALTH CLINIC (SQUARE FEET)	B&F - MAHOMET SPECIALTY CLINIC (SQUARE FEET)	B&F - POTOMAC RURAL HEALTH CLINIC (SQUARE FEET)	B&F - PAXTON WELLNESS CENTER (SQUARE FEET)	B&F - PAXTON AMBULANCE STATION (SQUARE FEET)		
		1.09	1.10	1.11	1.12	1.14		
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	3,000	95.00
118.00		SPECIAL PURPOSE COST CENTERS						
		SUBTOTALS (SUM OF LINES 1-117)	19,834	0	0	0	3,000	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	7,000	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	2,130	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	4,692	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	1,500	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
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)	155,662	29,065	9,787	16,617	6,568	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.848240	13.645540	2.085891	2.373857	1.459556	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: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS					
		B&F - AMBULANCE STAFF RESIDENCE (SQUARE FEET)	B&F - AMBULANCE BUILDING (SQUARE FEET)	B&F - # 10 DOCTOR'S PARK (SQUARE FEET)	B&F - COSMETOLOGY OFFICE (SQUARE FEET)	B&F - ANESTHESIA HOUSE (SQUARE FEET)	
		1.15	1.16	1.17	1.18	1.19	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	2,346				1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	3,228			1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	0	14,140		1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	1,554	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	1,974
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	0
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	0
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	0
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	3,080	0	384
7.00	00700	OPERATION OF PLANT	0	0	0	0	0
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	0	0	13	0	0
10.00	01000	DIETARY	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	1,590
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	8,765	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	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
73.01	07301	CARDIAC REHAB	0	0	0	0	0
73.02	07302	WOUND CARE	0	0	0	0	0
73.03	07303	SLEEP LAB	0	0	0	0	0
73.04	03950	DIETARY EDUCATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
88.01	08801	GIBSON CITY CLINIC	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS						
		B&F - AMBULANCE STAFF RESIDENCE (SQUARE FEET)	B&F - AMBULANCE BUILDING (SQUARE FEET)	B&F - # 10 DOCTOR'S PARK (SQUARE FEET)	B&F - COSMETOLOGY OFFICE (SQUARE FEET)	B&F - ANESTHESIA HOUSE (SQUARE FEET)		
		1.15	1.16	1.17	1.18	1.19		
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,346	3,228	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,346	3,228	11,858	0	1,974	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	1,554	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	2,282	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
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)	3,425	17,506	65,302	5,697	3,347	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.459932	5.423172	4.618246	3.666023	1.695542	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: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS					
		B&F - #7 DOCTOR' S PARK (SQUARE FEET)	B&F - #4 DOCTOR' S PARK (SQUARE FEET)	B&F - #8 DOCTOR' S PARK (SQUARE FEET)	B&F - HARMS HOUSE/IT (SQUARE FEET)	B&F - 9TH ST. EDUCATION HOUSE (SQUARE FEET)	
		1. 20	1. 21	1. 22	1. 25	1. 26	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15
1.16	00116	B&F - AMBULANCE BUILDING					1.16
1.17	00117	B&F - # 10 DOCTOR' S PARK					1.17
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18
1.19	00119	B&F - ANESTHESIA HOUSE					1.19
1.20	00120	B&F - #7 DOCTOR' S PARK	4,032				1.20
1.21	00121	B&F - #4 DOCTOR' S PARK	0	4,032			1.21
1.22	00122	B&F - #8 DOCTOR' S PARK	0	0	5,760		1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	3,952	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	1,208
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	3,952	1,208
7.00	00700	OPERATION OF PLANT	0	0	0	0	0
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	0	0	0	0	0
10.00	01000	DIETARY	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	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
73.01	07301	CARDIAC REHAB	0	0	0	0	0
73.02	07302	WOUND CARE	0	0	0	0	0
73.03	07303	SLEEP LAB	0	0	0	0	0
73.04	03950	DIETARY EDUCATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	4,032	0	5,760	0	0
88.01	08801	GIBSON CITY CLINIC	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	GERI PSYCH CLINIC	0	4,032	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/26/2017 2:18 pm

Cost Center Description		CAPITAL RELATED COSTS						
		B&F - #7 DOCTOR'S PARK (SQUARE FEET)	B&F - #4 DOCTOR'S PARK (SQUARE FEET)	B&F - #8 DOCTOR'S PARK (SQUARE FEET)	B&F - HARMS HOUSE/IT (SQUARE FEET)	B&F - 9TH ST. EDUCATION HOUSE (SQUARE FEET)		
		1. 20	1. 21	1. 22	1. 25	1. 26		
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,032	4,032	5,760	3,952	1,208	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
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)	12,406	1,225	7,389	24,721	12,744	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.076885	0.303819	1.282812	6.255314	10.549669	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: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/26/2017 2:18 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation		
		B&F - FALCON POINT RESIDENCE (SQUARE FEET)	B&F - 2012 NEW STORAGE SHED (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.27	1.28	2.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	OB UNIT - BLDG & FIXT					1.01	
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04	
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05	
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07	
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09	
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10	
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11	
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12	
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14	
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15	
1.16	00116	B&F - AMBULANCE BUILDING					1.16	
1.17	00117	B&F - # 10 DOCTOR'S PARK					1.17	
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18	
1.19	00119	B&F - ANESTHESIA HOUSE					1.19	
1.20	00120	B&F - #7 DOCTOR'S PARK					1.20	
1.21	00121	B&F - #4 DOCTOR'S PARK					1.21	
1.22	00122	B&F - #8 DOCTOR'S PARK					1.22	
1.25	00125	B&F - HARMS HOUSE/IT					1.25	
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE					1.26	
1.27	00127	B&F - FALCON POINT RESIDENCE	1,928				1.27	
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	4,224			1.28	
2.00	00200	CAP REL COSTS-MVBLE EQUIP			1,369,304		2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	30,156,894	4.00	
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	1,544,545	5.01	
5.02	00591	ALL OTHER ADMIN & GENERAL	0	4,224	591,160	3,974,670	-2,909,844	5.02
7.00	00700	OPERATION OF PLANT	0	0	1,922	500,665	-11,800,246	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	99,186	-1,847,400	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8,526	206,513	-490,597	8.00
9.00	00900	HOUSEKEEPING	0	0	0	415,102	-351,237	9.00
10.00	01000	DIETARY	0	0	1,438	224,219	-665,118	10.00
11.00	01100	CAFETERIA	0	0	0	284,154	-512,022	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	465,597	-532,888	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	-847,945	14.00
15.00	01500	PHARMACY	0	0	0	641,004	-95,304	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	75	294,982	-1,011,011	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	33,119	2,581,735	-498,363	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	142,966	0	31.00
43.00	04300	NURSERY	0	0	0	293,395	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	76,546	-118,775	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	17,355	1,544,169	-2,434,134	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	119,892	1,959,191	0	50.00
51.00	05100	RECOVERY ROOM	0	0	308	318,978	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	97,546	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	13,558	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	375,994	1,560,387	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	108,540	0	56.00
60.00	06000	LABORATORY	0	0	36,079	906,841	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	11,577	397,626	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	16,831	1,369,138	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	177,461	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	125	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	22,316	0	69.00
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
73.01	07301	CARDIAC REHAB	0	0	4,125	87,401	0	73.01
73.02	07302	WOUND CARE	0	0	0	269,440	0	73.02
73.03	07303	SLEEP LAB	0	0	5,447	95,911	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	30,384	3,381,166	-12,918,671	88.00
88.01	08801	GIBSON CITY CLINIC	0	0	13,472	75,818	-364,459	88.01
90.00	09000	CLINIC	0	0	967	188,673	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/26/2017 2:18 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation		
		B&F - FALCON POINT RESIDENCE (SQUARE FEET)	B&F - 2012 NEW STORAGE SHED (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.27	1.28	2.00				
90.01	09001	GERI PSYCH CLINIC	0	0	0	211,026	0	90.01
91.00	09100	EMERGENCY	0	0	27,461	1,205,978	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	39,024	1,795,414	-2,865,449	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	4,224	1,348,714	27,518,424	-40,263,463	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	-3,763	190.00
192.01	19201	GAH - MSO	0	0	0	109,753	-326,260	192.01
192.02	19202	GAH FOUNDATION	0	0	0	68,950	-271,487	192.02
194.00	07950	FALCON POINT RENTAL	1,928	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	12,188	120,810	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	-1,025,671	194.02
194.03	07953	WELLNESS CENTER	0	0	0	127,342	-201,014	194.03
194.04	07954	PSYCH CLINIC	0	0	0	449,325	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	492,959	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	-463,785	194.08
194.09	07959	GAH CARDIOLOGY	0	0	5,630	6,306	0	194.09
194.10	07960	WIC	0	0	0	155,726	-213,670	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	91,501	0	194.12
194.13	07963	PODIATRY	0	0	0	0	5,400	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	1,765	0	194.14
194.15	07965	ORTHO CLINIC	0	0	2,772	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	730,405	-1,102,335	194.17
194.18	07968	GAFM	0	0	0	179,094	0	194.18
194.19	07969	GAPC	0	0	0	91,370	0	194.19
194.20	07970	FHCF	0	0	0	13,164	0	194.20
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,085	10,732	3,881,436	10,473,178		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.156120	2.540720	2.834605	0.347290		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				12,946		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000429		205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-1317		Period: From 10/01/2015 To 09/30/2016		Worksheet B-1	
Date/Time Prepared: 2/26/2017 2:18 pm							
Cost Center	Description	CASHIERING/AC COUNTS RECEIVABLE (ACCUM. COST)	Reconciliation n	ALL OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT-OUTSIDE PROPERTY (SQUARE FEET)	
		5.01	5A.02	5.02	7.00	7.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15
1.16	00116	B&F - AMBULANCE BUILDING					1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK					1.17
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18
1.19	00119	B&F - ANESTHESIA HOUSE					1.19
1.20	00120	B&F - #7 DOCTOR'S PARK					1.20
1.21	00121	B&F - #4 DOCTOR'S PARK					1.21
1.22	00122	B&F - #8 DOCTOR'S PARK					1.22
1.25	00125	B&F - HARMS HOUSE/IT					1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE					1.26
1.27	00127	B&F - FALCON POINT RESIDENCE					1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED					1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	36,232,995				5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	-11,800,246	68,304,197		5.02
7.00	00700	OPERATION OF PLANT	0	0	1,847,400	72,523	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	490,597	0	103,690
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	351,237	1,977	0
9.00	00900	HOUSEKEEPING	0	0	665,118	622	13
10.00	01000	DIETARY	0	0	512,022	2,152	0
11.00	01100	CAFETERIA	0	0	532,888	1,056	0
13.00	01300	NURSING ADMINISTRATION	0	0	847,945	137	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	95,304	0	0
15.00	01500	PHARMACY	0	0	1,011,011	1,071	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	498,363	1,036	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,038,920	0	4,363,282	10,574	0
31.00	03100	INTENSIVE CARE UNIT	207,395	0	224,051	887	0
43.00	04300	NURSERY	447,693	0	483,647	617	0
44.00	04400	SKILLED NURSING FACILITY	0	0	118,775	639	0
46.00	04600	OTHER LONG TERM CARE	0	0	2,434,134	12,052	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,030,409	0	4,354,087	14,015	0
51.00	05100	RECOVERY ROOM	475,099	0	513,254	1,542	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	199,569	0	215,596	1,922	0
53.00	05300	ANESTHESIOLOGY	139,716	0	150,936	151	1,590
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,351,760	0	4,701,253	7,456	0
56.00	05600	RADIOISOTOPE	250,330	0	270,434	325	0
60.00	06000	LABORATORY	2,289,263	0	2,473,111	1,916	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	91,273	0	98,603	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	669,758	0	723,546	1,100	0
66.00	06600	PHYSICAL THERAPY	2,068,846	0	2,234,993	339	8,765
67.00	06700	OCCUPATIONAL THERAPY	240,584	0	259,905	0	0
68.00	06800	SPEECH PATHOLOGY	51,011	0	55,108	0	0
69.00	06900	ELECTROCARDIOLOGY	23,738	0	25,644	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,102,713	0	1,191,271	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,890,328	0	3,122,447	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,421,886	0	1,536,076	0	0
73.01	07301	CARDIAC REHAB	148,533	0	160,462	821	0
73.02	07302	WOUND CARE	394,329	0	425,997	1,151	0
73.03	07303	SLEEP LAB	299,630	0	323,693	717	0
73.04	03950	DIETARY EDUCATION	68,612	0	74,122	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	12,918,671	146	46,574
88.01	08801	GI BSON CITY CLINIC	0	0	364,459	0	0
90.00	09000	CLINIC	312,818	0	337,940	2,287	0
90.01	09001	GERI PSYCH CLINIC	523,857	0	565,927	0	4,032
91.00	09100	EMERGENCY	2,138,049	0	2,309,754	5,310	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/26/2017 2:18 pm

Cost Center Description		CASHIERING/AC COUNTS RECEIVABLE (ACCUM. COST)	Reconciliation	ALL OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT-OUTSIDE PROPERTY (SQUARE FEET)	
		5.01	5A.02	5.02	7.00	7.01	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	2,865,449	0	8,574	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	28,876,119	-11,800,246	56,748,512	72,018	69,548	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	3,763	284	0	190.00
192.01	19201 GAH - MSO	0	0	326,260	0	0	192.01
192.02	19202 GAH FOUNDATION	0	0	271,487	221	0	192.02
194.00	07950 FALCON POINT RENTAL	6,085	0	6,574	0	1,928	194.00
194.01	07951 PHYSICIAN OFFICE	743,378	0	803,078	0	2,016	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	0	0	1,025,671	0	1,554	194.02
194.03	07953 WELLNESS CENTER	0	0	201,014	0	7,000	194.03
194.04	07954 PSYCH CLINIC	1,270,706	0	1,372,755	0	0	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	948,500	0	1,024,673	0	2,130	194.05
194.06	07956 LASER CLINIC	0	0	0	0	0	194.06
194.07	07957 PAIN CLINIC	1,727	0	1,866	0	0	194.07
194.08	07958 340B PHARMACY	0	0	463,785	0	0	194.08
194.09	07959 GAH CARDIOLOGY	596,814	0	644,744	0	0	194.09
194.10	07960 WIC	0	0	213,670	0	0	194.10
194.11	07961 PULMONARY CLINIC	4,120	0	4,451	0	0	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	231,887	0	250,510	0	4,692	194.12
194.13	07963 PODIATRY	0	5,400	0	0	0	194.13
194.14	07964 9TH STREET CLINIC	3,231	0	3,490	0	0	194.14
194.15	07965 ORTHO CLINIC	2,787,013	0	3,010,835	0	2,282	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967 ELITE PERFORMANCE	0	0	1,102,335	0	12,540	194.17
194.18	07968 GAFM	352,153	0	380,434	0	0	194.18
194.19	07969 GAPC	373,325	0	403,306	0	0	194.19
194.20	07970 FHCF	37,937	0	40,984	0	0	194.20
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,909,844		11,800,246	2,166,557	575,353	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.080309		0.172760	29.874068	5.548780	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	7,911		2,060,358	202,523	14,841	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000218		0.030164	2.792535	0.143129	205.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 14-1317		Period: From 10/01/2015 To 09/30/2016		Worksheet B-1	
Date/Time Prepared: 2/26/2017 2:18 pm								
Cost Center	Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING)		
		8.00	9.00	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00591	ALL OTHER ADMIN & GENERAL						5.02
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY						7.01
8.00	00800	LAUNDRY & LINEN SERVICE	353,356					8.00
9.00	00900	HOUSEKEEPING	45,609	128,503				9.00
10.00	01000	DIETARY	9,070	2,152	47,757			10.00
11.00	01100	CAFETERIA	0	1,056	0	28,853		11.00
13.00	01300	NURSING ADMINISTRATION	0	137	0	513	342,938	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	1,071	0	253	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,036	0	726	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	59,686	10,574	7,324	3,810	79,324	30.00
31.00	03100	INTENSIVE CARE UNIT	0	887	35	1,156	23,842	31.00
43.00	04300	NURSERY	1,971	617	0	436	9,165	43.00
44.00	04400	SKILLED NURSING FACILITY	19,894	639	1,908	161	3,340	44.00
46.00	04600	OTHER LONG TERM CARE	113,461	12,052	38,490	3,239	67,380	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	35,924	14,015	0	3,617	75,234	50.00
51.00	05100	RECOVERY ROOM	0	1,542	0	781	16,245	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,556	1,922	0	144	3,047	52.00
53.00	05300	ANESTHESIOLOGY	0	1,741	0	606	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,679	7,456	0	3,259	0	54.00
56.00	05600	RADIOISOTOPE	0	325	0	431	0	56.00
60.00	06000	LABORATORY	0	1,916	0	2,317	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,100	0	747	15,233	65.00
66.00	06600	PHYSICAL THERAPY	18,418	9,104	0	4,013	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	202	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	32	0	69.00
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
73.01	07301	CARDIAC REHAB	0	821	0	211	4,389	73.01
73.02	07302	WOUND CARE	0	1,151	0	306	6,365	73.02
73.03	07303	SLEEP LAB	0	717	0	175	3,640	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	16,950	0	0	0	88.00
88.01	08801	GIBSON CITY CLINIC	0	0	0	0	0	88.01
90.00	09000	CLINIC	0	2,287	0	413	8,590	90.00
90.01	09001	GERI PSYCH CLINIC	0	4,032	0	0	0	90.01
91.00	09100	EMERGENCY	25,088	5,310	0	1,305	27,144	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING)	
		8.00	9.00	10.00	11.00	13.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	5,574	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	353,356	106,184	47,757	28,853	342,938	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	284	0	0	0	190.00
192.01	19201 GAH - MSO	0	0	0	0	0	192.01
192.02	19202 GAH FOUNDATION	0	221	0	0	0	192.02
194.00	07950 FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951 PHYSICIAN OFFICE	0	2,016	0	0	0	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	0	1,554	0	0	0	194.02
194.03	07953 WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954 PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	0	2,130	0	0	0	194.05
194.06	07956 LASER CLINIC	0	0	0	0	0	194.06
194.07	07957 PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958 340B PHARMACY	0	0	0	0	0	194.08
194.09	07959 GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960 WIC	0	0	0	0	0	194.10
194.11	07961 PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	0	2,792	0	0	0	194.12
194.13	07963 PODIATRY	0	0	0	0	0	194.13
194.14	07964 9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965 ORTHO CLINIC	0	2,282	0	0	0	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967 ELITE PERFORMANCE	0	11,040	0	0	0	194.17
194.18	07968 GAFM	0	0	0	0	0	194.18
194.19	07969 GAPC	0	0	0	0	0	194.19
194.20	07970 FHCF	0	0	0	0	0	194.20
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)	470,978	859,469	691,250	663,560	1,011,243	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.332871	6.688319	14.474318	22.997955	2.948763	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	66,570	40,194	56,525	33,468	28,613	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.188394	0.312786	1.183596	1.159949	0.083435	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet B-1 Date/Time Prepared: 2/26/2017 2:18 pm
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Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	OB UNIT - BLDG & FIXT			1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI			1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC			1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC			1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC			1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC			1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC			1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER			1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION			1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE			1.15
1.16	00116	B&F - AMBULANCE BUILDING			1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK			1.17
1.18	00118	B&F - COSMETOLOGY OFFICE			1.18
1.19	00119	B&F - ANESTHESIA HOUSE			1.19
1.20	00120	B&F - #7 DOCTOR'S PARK			1.20
1.21	00121	B&F - #4 DOCTOR'S PARK			1.21
1.22	00122	B&F - #8 DOCTOR'S PARK			1.22
1.25	00125	B&F - HARMS HOUSE/IT			1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE			1.26
1.27	00127	B&F - FALCON POINT RESIDENCE			1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED			1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.01
5.02	00591	ALL OTHER ADMIN & GENERAL			5.02
7.00	00700	OPERATION OF PLANT			7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY			7.01
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,896,900		14.00
15.00	01500	PHARMACY	4,289	1,564,411	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,628	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	72,778	2,751	25,890
31.00	03100	INTENSIVE CARE UNIT	0	11	60
43.00	04300	NURSERY	0	0	930
44.00	04400	SKILLED NURSING FACILITY	0	0	3,585
46.00	04600	OTHER LONG TERM CARE	30,798	308	0
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	145,859	10,419	22,090
51.00	05100	RECOVERY ROOM	6,457	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0
53.00	05300	ANESTHESIOLOGY	7,735	8,390	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,411	1,703	30,035
56.00	05600	RADIOISOTOPE	619	29	0
60.00	06000	LABORATORY	35,700	72	11,870
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0
65.00	06500	RESPIRATORY THERAPY	689	3	810
66.00	06600	PHYSICAL THERAPY	5,244	849	2,770
67.00	06700	OCCUPATIONAL THERAPY	3	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0
69.00	06900	ELECTROCARDIOLOGY	122	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,493,870	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,890,328	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,421,886	0
73.01	07301	CARDIAC REHAB	586	0	50
73.02	07302	WOUND CARE	4,346	79	570
73.03	07303	SLEEP LAB	286	0	670
73.04	03950	DIETARY EDUCATION	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	63,878	63,925	0
88.01	08801	GIBSON CITY CLINIC	961	572	0
90.00	09000	CLINIC	5,738	42	1,010
90.01	09001	GERI PSYCH CLINIC	994	114	1,255
91.00	09100	EMERGENCY	42,415	1,099	35,715

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		14.00	15.00	16.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	7,953	7,960	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,834,687	1,520,212	137,310	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.01	19201 GAH - MSO	672	0	0	192.01
192.02	19202 GAH FOUNDATION	139	0	0	192.02
194.00	07950 FALCON POINT RENTAL	0	0	0	194.00
194.01	07951 PHYSICIAN OFFICE	1,421	34	0	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	721	8,357	0	194.02
194.03	07953 WELLNESS CENTER	657	0	0	194.03
194.04	07954 PSYCH CLINIC	108	0	0	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	13,459	6,410	0	194.05
194.06	07956 LASER CLINIC	0	0	0	194.06
194.07	07957 PAIN CLINIC	0	0	0	194.07
194.08	07958 340B PHARMACY	0	0	0	194.08
194.09	07959 GAH CARDIOLOGY	674	11	0	194.09
194.10	07960 WIC	184	0	0	194.10
194.11	07961 PULMONARY CLINIC	0	0	0	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	620	1,301	0	194.12
194.13	07963 PODIATRY	0	0	0	194.13
194.14	07964 9TH STREET CLINIC	0	0	0	194.14
194.15	07965 ORTHO CLINIC	40,396	22,190	0	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	0	194.16
194.17	07967 ELITE PERFORMANCE	0	0	0	194.17
194.18	07968 GAFM	2,329	5,819	0	194.18
194.19	07969 GAPC	333	0	0	194.19
194.20	07970 FHCF	500	77	0	194.20
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)	111,769	1,230,747	639,073	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.022824	0.786716	4.654235	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,875	48,585	33,161	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000587	0.031056	0.241505	205.00

POST STEPDOWN ADJUSTMENTS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-2

Date/Time Prepared:
2/26/2017 2:18 pm

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	0	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00
7.00	IV THERAPY RECLASS		1 30.00	-105,779	7.00
8.00	IV THERAPY RECLASS		1 64.00	105,779	8.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 2/26/2017 2:18 pm	
			Title XVIII	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		6,029,331	0	6,029,331	30.00
31.00	03100 INTENSIVE CARE UNIT		392,874	0	392,874	31.00
43.00	04300 NURSERY		633,768	0	633,768	43.00
44.00	04400 SKILLED NURSING FACILITY		247,029	0	247,029	44.00
46.00	04600 OTHER LONG TERM CARE		4,277,772	0	4,277,772	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		6,085,972	0	6,085,972	50.00
51.00	05100 RECOVERY ROOM		724,314	0	724,314	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		352,148	0	352,148	52.00
53.00	05300 ANESTHESIOLOGY		222,705	0	222,705	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,017,957	0	6,017,957	54.00
56.00	05600 RADIO SOTOPE		338,986	0	338,986	56.00
60.00	06000 LABORATORY		3,079,824	0	3,079,824	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		115,638	0	115,638	63.00
64.00	06400 INTRAVENOUS THERAPY		105,779	0	105,779	64.00
65.00	06500 RESPIRATORY THERAPY	0	954,650	0	954,650	65.00
66.00	06600 PHYSICAL THERAPY	0	2,871,282	0	2,871,282	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	309,452	0	309,452	67.00
68.00	06800 SPEECH PATHOLOGY	0	64,628	0	64,628	68.00
69.00	06900 ELECTROCARDIOLOGY		30,813	0	30,813	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		1,431,171	0	1,431,171	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		3,727,854	0	3,727,854	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		2,920,065	0	2,920,065	73.00
73.01	07301 CARDIAC REHAB		236,242	0	236,242	73.01
73.02	07302 WOUND CARE		570,295	0	570,295	73.02
73.03	07303 SLEEP LAB		423,713	0	423,713	73.03
73.04	03950 DIETARY EDUCATION		86,927	0	86,927	73.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		15,578,420	0	15,578,420	88.00
88.01	08801 GIBSON CITY CLINIC		427,895	0	427,895	88.01
90.00	09000 CLINIC		519,634	0	519,634	90.00
90.01	09001 GERI PSYCH CLINIC		718,991	0	718,991	90.01
91.00	09100 EMERGENCY		3,214,485	0	3,214,485	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		566,238	0	566,238	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		3,451,784	0	3,451,784	95.00
200.00	Subtotal (see instructions)	0	66,728,636	0	66,728,636	200.00
201.00	Less Observation Beds		566,238		566,238	201.00
202.00	Total (see instructions)	0	66,162,398	0	66,162,398	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet C
Part I
Date/Time Prepared:
2/26/2017 2:18 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	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,764,153		5,764,153		30.00
31.00	03100	INTENSIVE CARE UNIT	72,825		72,825		31.00
43.00	04300	NURSERY	624,844		624,844		43.00
44.00	04400	SKILLED NURSING FACILITY	175,204		175,204		44.00
46.00	04600	OTHER LONG TERM CARE	3,136,271		3,136,271		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,889,333	15,102,383	21,991,716	0.276739	50.00
51.00	05100	RECOVERY ROOM	654,460	2,784,523	3,438,983	0.210619	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,277,914	243,089	2,521,003	0.139686	52.00
53.00	05300	ANESTHESIOLOGY	177,003	958,924	1,135,927	0.196056	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,305,148	25,745,830	27,050,978	0.222467	54.00
56.00	05600	RADIOISOTOPE	12,179	1,071,601	1,083,780	0.312781	56.00
60.00	06000	LABORATORY	1,537,413	19,908,183	21,445,596	0.143611	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	237,125	222,327	459,452	0.251687	63.00
64.00	06400	INTRAVENOUS THERAPY	14,178	938,318	952,496	0.111055	64.00
65.00	06500	RESPIRATORY THERAPY	2,317,181	1,006,094	3,323,275	0.287262	65.00
66.00	06600	PHYSICAL THERAPY	1,187,365	6,087,895	7,275,260	0.394664	66.00
67.00	06700	OCCUPATIONAL THERAPY	657,082	248,699	905,781	0.341641	67.00
68.00	06800	SPEECH PATHOLOGY	32,337	71,880	104,217	0.620129	68.00
69.00	06900	ELECTROCARDIOLOGY	96,462	1,120,473	1,216,935	0.025320	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,401,442	3,301,525	6,702,967	0.213513	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,840,883	1,829,443	9,670,326	0.385494	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,576,443	7,513,445	13,089,888	0.223078	73.00
73.01	07301	CARDIAC REHAB	0	380,946	380,946	0.620146	73.01
73.02	07302	WOUND CARE	9,956	650,833	660,789	0.863052	73.02
73.03	07303	SLEEP LAB	0	1,304,145	1,304,145	0.324897	73.03
73.04	03950	DIETARY EDUCATION	85,263	33,262	118,525	0.733406	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	12,495,233	12,495,233		88.00
88.01	08801	GIBSON CITY CLINIC	0	425,639	425,639		88.01
90.00	09000	CLINIC	1,000	748,985	749,985	0.692859	90.00
90.01	09001	GERI PSYCH CLINIC	0	574,621	574,621	1.251244	90.01
91.00	09100	EMERGENCY	41,000	12,249,995	12,290,995	0.261532	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	20,575	564,969	585,544	0.967029	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	6,347,892	6,347,892	0.543769	95.00
200.00		Subtotal (see instructions)	44,145,039	123,931,152	168,076,191		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	44,145,039	123,931,152	168,076,191		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 2/26/2017 2:18 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
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
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
73.01	07301 CARDIAC REHAB	0.000000		73.01
73.02	07302 WOUND CARE	0.000000		73.02
73.03	07303 SLEEP LAB	0.000000		73.03
73.04	03950 DIETARY EDUCATION	0.000000		73.04
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
88.01	08801 GIBSON CITY CLINIC			88.01
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 GERI PSYCH CLINIC	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
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: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 2/26/2017 2:18 pm	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		6,029,331	0	6,029,331	30.00
31.00	03100 INTENSIVE CARE UNIT		392,874	0	392,874	31.00
43.00	04300 NURSERY		633,768	0	633,768	43.00
44.00	04400 SKILLED NURSING FACILITY		247,029	0	247,029	44.00
46.00	04600 OTHER LONG TERM CARE		4,277,772	0	4,277,772	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		6,085,972	0	6,085,972	50.00
51.00	05100 RECOVERY ROOM		724,314	0	724,314	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		352,148	0	352,148	52.00
53.00	05300 ANESTHESIOLOGY		222,705	0	222,705	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,017,957	0	6,017,957	54.00
56.00	05600 RADIO SOTOPE		338,986	0	338,986	56.00
60.00	06000 LABORATORY		3,079,824	0	3,079,824	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		115,638	0	115,638	63.00
64.00	06400 INTRAVENOUS THERAPY		105,779	0	105,779	64.00
65.00	06500 RESPIRATORY THERAPY	0	954,650	0	954,650	65.00
66.00	06600 PHYSICAL THERAPY	0	2,871,282	0	2,871,282	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	309,452	0	309,452	67.00
68.00	06800 SPEECH PATHOLOGY	0	64,628	0	64,628	68.00
69.00	06900 ELECTROCARDIOLOGY		30,813	0	30,813	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		1,431,171	0	1,431,171	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		3,727,854	0	3,727,854	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		2,920,065	0	2,920,065	73.00
73.01	07301 CARDIAC REHAB		236,242	0	236,242	73.01
73.02	07302 WOUND CARE		570,295	0	570,295	73.02
73.03	07303 SLEEP LAB		423,713	0	423,713	73.03
73.04	03950 DIETARY EDUCATION		86,927	0	86,927	73.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		15,578,420	0	15,578,420	88.00
88.01	08801 GIBSON CITY CLINIC		427,895	0	427,895	88.01
90.00	09000 CLINIC		519,634	0	519,634	90.00
90.01	09001 GERI PSYCH CLINIC		718,991	0	718,991	90.01
91.00	09100 EMERGENCY		3,214,485	0	3,214,485	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		566,238	0	566,238	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		3,451,784	0	3,451,784	95.00
200.00	Subtotal (see instructions)	0	66,728,636	0	66,728,636	200.00
201.00	Less Observation Beds		566,238		566,238	201.00
202.00	Total (see instructions)	0	66,162,398	0	66,162,398	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 2/26/2017 2:18 pm
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Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	Cost
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,764,153		5,764,153		30.00
31.00	03100	INTENSIVE CARE UNIT	72,825		72,825		31.00
43.00	04300	NURSERY	624,844		624,844		43.00
44.00	04400	SKILLED NURSING FACILITY	175,204		175,204		44.00
46.00	04600	OTHER LONG TERM CARE	3,136,271		3,136,271		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,889,333	15,102,383	21,991,716	0.276739	50.00
51.00	05100	RECOVERY ROOM	654,460	2,784,523	3,438,983	0.210619	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,277,914	243,089	2,521,003	0.139686	52.00
53.00	05300	ANESTHESIOLOGY	177,003	958,924	1,135,927	0.196056	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,305,148	25,745,830	27,050,978	0.222467	54.00
56.00	05600	RADIOISOTOPE	12,179	1,071,601	1,083,780	0.312781	56.00
60.00	06000	LABORATORY	1,537,413	19,908,183	21,445,596	0.143611	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	237,125	222,327	459,452	0.251687	63.00
64.00	06400	INTRAVENOUS THERAPY	14,178	938,318	952,496	0.111055	64.00
65.00	06500	RESPIRATORY THERAPY	2,317,181	1,006,094	3,323,275	0.287262	65.00
66.00	06600	PHYSICAL THERAPY	1,187,365	6,087,895	7,275,260	0.394664	66.00
67.00	06700	OCCUPATIONAL THERAPY	657,082	248,699	905,781	0.341641	67.00
68.00	06800	SPEECH PATHOLOGY	32,337	71,880	104,217	0.620129	68.00
69.00	06900	ELECTROCARDIOLOGY	96,462	1,120,473	1,216,935	0.025320	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,401,442	3,301,525	6,702,967	0.213513	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,840,883	1,829,443	9,670,326	0.385494	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,576,443	7,513,445	13,089,888	0.223078	73.00
73.01	07301	CARDIAC REHAB	0	380,946	380,946	0.620146	73.01
73.02	07302	WOUND CARE	9,956	650,833	660,789	0.863052	73.02
73.03	07303	SLEEP LAB	0	1,304,145	1,304,145	0.324897	73.03
73.04	03950	DIETARY EDUCATION	85,263	33,262	118,525	0.733406	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	12,495,233	12,495,233	1.246749	88.00
88.01	08801	GIBSON CITY CLINIC	0	425,639	425,639	1.005300	88.01
90.00	09000	CLINIC	1,000	748,985	749,985	0.692859	90.00
90.01	09001	GERI PSYCH CLINIC	0	574,621	574,621	1.251244	90.01
91.00	09100	EMERGENCY	41,000	12,249,995	12,290,995	0.261532	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	20,575	564,969	585,544	0.967029	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	6,347,892	6,347,892	0.543769	95.00
200.00		Subtotal (see instructions)	44,145,039	123,931,152	168,076,191		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	44,145,039	123,931,152	168,076,191		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 2/26/2017 2:18 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
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
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
73.01	07301 CARDIAC REHAB	0.000000		73.01
73.02	07302 WOUND CARE	0.000000		73.02
73.03	07303 SLEEP LAB	0.000000		73.03
73.04	03950 DIETARY EDUCATION	0.000000		73.04
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
88.01	08801 GIBSON CITY CLINIC	0.000000		88.01
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 GERI PSYCH CLINIC	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
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: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part II Date/Time Prepared: 2/26/2017 2:18 pm
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Cost Center Description		Capital Related Cost (from Wkst. C, 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	732,304	21,991,716	0.033299	2,494,995	83,081	50.00
51.00	05100 RECOVERY ROOM	44,082	3,438,983	0.012818	232,058	2,975	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	72,126	2,521,003	0.028610	0	0	52.00
53.00	05300 ANESTHESIOLOGY	50,886	1,135,927	0.044797	57,111	2,558	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,344,479	27,050,978	0.049702	601,737	29,908	54.00
56.00	05600 RADIOISOTOPE	14,077	1,083,780	0.012989	10,228	133	56.00
60.00	06000 LABORATORY	214,673	21,445,596	0.010010	598,111	5,987	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,994	459,452	0.006516	112,851	735	63.00
64.00	06400 INTRAVENOUS THERAPY	0	952,496	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	75,283	3,323,275	0.022653	1,076,785	24,392	65.00
66.00	06600 PHYSICAL THERAPY	175,007	7,275,260	0.024055	287,346	6,912	66.00
67.00	06700 OCCUPATIONAL THERAPY	8,202	905,781	0.009055	197,993	1,793	67.00
68.00	06800 SPEECH PATHOLOGY	1,673	104,217	0.016053	5,236	84	68.00
69.00	06900 ELECTROCARDIOLOGY	826	1,216,935	0.000679	50,551	34	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	37,050	6,702,967	0.005527	1,358,024	7,506	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	96,513	9,670,326	0.009980	3,486,587	34,796	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	90,804	13,089,888	0.006937	1,889,921	13,110	73.00
73.01	07301 CARDIAC REHAB	30,654	380,946	0.080468	0	0	73.01
73.02	07302 WOUND CARE	32,907	660,789	0.049800	0	0	73.02
73.03	07303 SLEEP LAB	37,706	1,304,145	0.028912	0	0	73.03
73.04	03950 DIETARY EDUCATION	2,251	118,525	0.018992	24,786	471	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	750,111	12,495,233	0.060032	0	0	88.00
88.01	08801 GIBSON CITY CLINIC	49,234	425,639	0.115671	0	0	88.01
90.00	09000 CLINIC	51,935	749,985	0.069248	0	0	90.00
90.01	09001 GERI PSYCH CLINIC	20,647	574,621	0.035932	0	0	90.01
91.00	09100 EMERGENCY	252,533	12,290,995	0.020546	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	50,927	585,544	0.086974	2,112	184	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	4,239,884	151,955,002		12,486,432	214,659	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet D
Part IV
Date/Time Prepared:
2/26/2017 2:18 pm

Cost Center Description		Title XVIII				Hospital		Total Cost (sum of col 1 through col 4)
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Cost		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	GIBSON CITY CLINIC	0	0	0	0	0	88.01
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/26/2017 2:18 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	Cost
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	21,991,716	0.000000	0.000000	2,494,995	50.00
51.00	05100 RECOVERY ROOM	0	3,438,983	0.000000	0.000000	232,058	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,521,003	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,135,927	0.000000	0.000000	57,111	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	27,050,978	0.000000	0.000000	601,737	54.00
56.00	05600 RADIOISOTOPE	0	1,083,780	0.000000	0.000000	10,228	56.00
60.00	06000 LABORATORY	0	21,445,596	0.000000	0.000000	598,111	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	459,452	0.000000	0.000000	112,851	63.00
64.00	06400 INTRAVENOUS THERAPY	0	952,496	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	3,323,275	0.000000	0.000000	1,076,785	65.00
66.00	06600 PHYSICAL THERAPY	0	7,275,260	0.000000	0.000000	287,346	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	905,781	0.000000	0.000000	197,993	67.00
68.00	06800 SPEECH PATHOLOGY	0	104,217	0.000000	0.000000	5,236	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,216,935	0.000000	0.000000	50,551	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,702,967	0.000000	0.000000	1,358,024	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	9,670,326	0.000000	0.000000	3,486,587	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	13,089,888	0.000000	0.000000	1,889,921	73.00
73.01	07301 CARDIAC REHAB	0	380,946	0.000000	0.000000	0	73.01
73.02	07302 WOUND CARE	0	660,789	0.000000	0.000000	0	73.02
73.03	07303 SLEEP LAB	0	1,304,145	0.000000	0.000000	0	73.03
73.04	03950 DIETARY EDUCATION	0	118,525	0.000000	0.000000	24,786	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	12,495,233	0.000000	0.000000	0	88.00
88.01	08801 GIBSON CITY CLINIC	0	425,639	0.000000	0.000000	0	88.01
90.00	09000 CLINIC	0	749,985	0.000000	0.000000	0	90.00
90.01	09001 GERI PSYCH CLINIC	0	574,621	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	0	12,290,995	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	585,544	0.000000	0.000000	2,112	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	151,955,002			12,486,432	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/26/2017 2:18 pm
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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)	Hospital	Cost
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
60.00	06000 LABORATORY	0	0	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
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
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
73.01	07301 CARDIAC REHAB	0	0	0		73.01
73.02	07302 WOUND CARE	0	0	0		73.02
73.03	07303 SLEEP LAB	0	0	0		73.03
73.04	03950 DIETARY EDUCATION	0	0	0		73.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
88.01	08801 GIBSON CITY CLINIC	0	0	0		88.01
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 GERI PSYCH CLINIC	0	0	0		90.01
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/26/2017 2:18 pm
		Title XVIII	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.276739	0	4,412,257	0	0	50.00
51.00	05100 RECOVERY ROOM	0.210619	0	880,736	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.139686	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.196056	0	274,158	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.222467	0	7,321,442	29	0	54.00
56.00	05600 RADIOISOTOPE	0.312781	0	408,825	111	0	56.00
60.00	06000 LABORATORY	0.143611	0	6,230,973	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.251687	0	143,888	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.111055	0	418,961	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.287262	0	341,497	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.394664	0	1,776,730	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.341641	0	68,666	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.620129	0	14,011	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.025320	0	417,595	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.213513	0	819,109	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.385494	0	467,856	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.223078	0	2,333,824	2,090	0	73.00
73.01	07301 CARDIAC REHAB	0.620146	0	182,003	0	0	73.01
73.02	07302 WOUND CARE	0.863052	0	211,684	0	0	73.02
73.03	07303 SLEEP LAB	0.324897	0	261,720	0	0	73.03
73.04	03950 DIETARY EDUCATION	0.733406	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
88.01	08801 GIBSON CITY CLINIC	0.000000				0	88.01
90.00	09000 CLINIC	0.692859	0	303,712	0	0	90.00
90.01	09001 GERI PSYCH CLINIC	1.251244	0	469,845	0	0	90.01
91.00	09100 EMERGENCY	0.261532	0	3,116,006	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.967029	0	181,288	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.543769		0			95.00
200.00	Subtotal (see instructions)		0	31,056,786	2,230	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	31,056,786	2,230	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/26/2017 2:18 pm
	Title XVIII	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	1,221,044	0		50.00
51.00 05100 RECOVERY ROOM	185,500	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	53,750	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,628,779	6		54.00
56.00 05600 RADIOISOTOPE	127,873	35		56.00
60.00 06000 LABORATORY	894,836	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	36,215	0		63.00
64.00 06400 INTRAVENOUS THERAPY	46,528	0		64.00
65.00 06500 RESPIRATORY THERAPY	98,099	0		65.00
66.00 06600 PHYSICAL THERAPY	701,211	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	23,459	0		67.00
68.00 06800 SPEECH PATHOLOGY	8,689	0		68.00
69.00 06900 ELECTROCARDIOLOGY	10,574	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	174,890	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	180,356	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	520,625	466		73.00
73.01 07301 CARDIAC REHAB	112,868	0		73.01
73.02 07302 WOUND CARE	182,694	0		73.02
73.03 07303 SLEEP LAB	85,032	0		73.03
73.04 03950 DIETARY EDUCATION	0	0		73.04
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
88.01 08801 GIBSON CITY CLINIC	0	0		88.01
90.00 09000 CLINIC	210,430	0		90.00
90.01 09001 GERI PSYCH CLINIC	587,891	0		90.01
91.00 09100 EMERGENCY	814,935	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	175,311	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	8,081,589	507		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	8,081,589	507		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1317

Period: From 10/01/2015

Worksheet D

Component CCN: 14-Z317

To 09/30/2016

Part V
Date/Time Prepared:
2/26/2017 2:18 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
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.276739	0	0	0	0
51.00 05100 RECOVERY ROOM	0.210619	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.139686	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.196056	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.222467	0	0	0	0
56.00 05600 RADIOISOTOPE	0.312781	0	0	0	0
60.00 06000 LABORATORY	0.143611	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.251687	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0.111055	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.287262	0	0	0	0
66.00 06600 PHYSICAL THERAPY	0.394664	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.341641	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.620129	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.025320	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.213513	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.385494	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.223078	0	0	0	0
73.01 07301 CARDIAC REHAB	0.620146	0	0	0	0
73.02 07302 WOUND CARE	0.863052	0	0	0	0
73.03 07303 SLEEP LAB	0.324897	0	0	0	0
73.04 03950 DIETARY EDUCATION	0.733406	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
88.01 08801 GIBSON CITY CLINIC	0.000000				0
90.00 09000 CLINIC	0.692859	0	0	0	0
90.01 09001 GERI PSYCH CLINIC	1.251244	0	0	0	0
91.00 09100 EMERGENCY	0.261532	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.967029	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.543769		0		0
200.00	Subtotal (see instructions)		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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-1317 Component CCN: 14-Z317	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/26/2017 2:18 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			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	56.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
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
73.01	07301	CARDIAC REHAB	0	0	73.01
73.02	07302	WOUND CARE	0	0	73.02
73.03	07303	SLEEP LAB	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
88.01	08801	GIBSON CITY CLINIC	0	0	88.01
90.00	09000	CLINIC	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
200.00		Subtotal (see instructions)	0	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	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-1317
Component CCN: 14-5979

Period:
From 10/01/2015
To 09/30/2016

Worksheet D
Part IV
Date/Time Prepared:
2/26/2017 2:18 pm

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	Skilled Nursing Facility	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00		4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	GIBSON CITY CLINIC	0	0	0	0	0	88.01
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-1317 Component CCN: 14-5979		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part IV Date/Time Prepared: 2/26/2017 2:18 pm	
Title XVIII				Skilled Nursing Facility		PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	21,991,716	0.000000	0.000000	0 50.00
51.00	05100	RECOVERY ROOM	0	3,438,983	0.000000	0.000000	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,521,003	0.000000	0.000000	0 52.00
53.00	05300	ANESTHESIOLOGY	0	1,135,927	0.000000	0.000000	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	27,050,978	0.000000	0.000000	4,648 54.00
56.00	05600	RADIOISOTOPE	0	1,083,780	0.000000	0.000000	0 56.00
60.00	06000	LABORATORY	0	21,445,596	0.000000	0.000000	12,301 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	459,452	0.000000	0.000000	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	952,496	0.000000	0.000000	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	3,323,275	0.000000	0.000000	0 65.00
66.00	06600	PHYSICAL THERAPY	0	7,275,260	0.000000	0.000000	449,712 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	905,781	0.000000	0.000000	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	104,217	0.000000	0.000000	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,216,935	0.000000	0.000000	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,702,967	0.000000	0.000000	10,427 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,670,326	0.000000	0.000000	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,089,888	0.000000	0.000000	15,679 73.00
73.01	07301	CARDIAC REHAB	0	380,946	0.000000	0.000000	0 73.01
73.02	07302	WOUND CARE	0	660,789	0.000000	0.000000	0 73.02
73.03	07303	SLEEP LAB	0	1,304,145	0.000000	0.000000	0 73.03
73.04	03950	DIETARY EDUCATION	0	118,525	0.000000	0.000000	0 73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	12,495,233	0.000000	0.000000	0 88.00
88.01	08801	GIBSON CITY CLINIC	0	425,639	0.000000	0.000000	0 88.01
90.00	09000	CLINIC	0	749,985	0.000000	0.000000	871 90.00
90.01	09001	GERI PSYCH CLINIC	0	574,621	0.000000	0.000000	0 90.01
91.00	09100	EMERGENCY	0	12,290,995	0.000000	0.000000	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	585,544	0.000000	0.000000	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	151,955,002			493,638 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/26/2017 2:18 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
60.00 06000 LABORATORY	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
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
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
73.01 07301 CARDIAC REHAB	0	0	0	73.01
73.02 07302 WOUND CARE	0	0	0	73.02
73.03 07303 SLEEP LAB	0	0	0	73.03
73.04 03950 DIETARY EDUCATION	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
88.01 08801 GIBSON CITY CLINIC	0	0	0	88.01
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 GERI PSYCH CLINIC	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/26/2017 2:18 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.276739	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.210619	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.139686	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.196056	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.222467	0	0	0	0	54.00
56.00 05600 RADIOISOTOPE	0.312781	0	0	0	0	56.00
60.00 06000 LABORATORY	0.143611	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.251687	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.111055	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.287262	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.394664	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.341641	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.620129	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.025320	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.213513	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.385494	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.223078	0	0	3,471	0	73.00
73.01 07301 CARDIAC REHAB	0.620146	0	0	0	0	73.01
73.02 07302 WOUND CARE	0.863052	0	0	0	0	73.02
73.03 07303 SLEEP LAB	0.324897	0	0	0	0	73.03
73.04 03950 DIETARY EDUCATION	0.733406	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000				0	88.00
88.01 08801 GIBSON CITY CLINIC	0.000000				0	88.01
90.00 09000 CLINIC	0.692859	0	0	0	0	90.00
90.01 09001 GERI PSYCH CLINIC	1.251244	0	0	0	0	90.01
91.00 09100 EMERGENCY	0.261532	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.967029	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.543769		0	0		95.00
200.00	Subtotal (see instructions)		0	0	3,471	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	0	3,471	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/26/2017 2:18 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00 05600 RADIO SOTOPE	0	0	56.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
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	774	73.00
73.01 07301 CARDIAC REHAB	0	0	73.01
73.02 07302 WOUND CARE	0	0	73.02
73.03 07303 SLEEP LAB	0	0	73.03
73.04 03950 DIETARY EDUCATION	0	0	73.04
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
88.01 08801 GIBSON CITY CLINIC	0	0	88.01
90.00 09000 CLINIC	0	0	90.00
90.01 09001 GERI PSYCH CLINIC	0	0	90.01
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	0	774	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	774	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/26/2017 2:18 pm
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Cost Center Description			Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	GIBSON CITY CLINIC	0	0	0	0	0	88.01
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/26/2017 2:18 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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	21,991,716	0.000000	0.000000		0 50.00
51.00	05100 RECOVERY ROOM	0	3,438,983	0.000000	0.000000		0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,521,003	0.000000	0.000000		0 52.00
53.00	05300 ANESTHESIOLOGY	0	1,135,927	0.000000	0.000000		0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	27,050,978	0.000000	0.000000		0 54.00
56.00	05600 RADIOISOTOPE	0	1,083,780	0.000000	0.000000		0 56.00
60.00	06000 LABORATORY	0	21,445,596	0.000000	0.000000		0 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	459,452	0.000000	0.000000		0 63.00
64.00	06400 INTRAVENOUS THERAPY	0	952,496	0.000000	0.000000		0 64.00
65.00	06500 RESPIRATORY THERAPY	0	3,323,275	0.000000	0.000000		0 65.00
66.00	06600 PHYSICAL THERAPY	0	7,275,260	0.000000	0.000000		0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0	905,781	0.000000	0.000000		0 67.00
68.00	06800 SPEECH PATHOLOGY	0	104,217	0.000000	0.000000		0 68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,216,935	0.000000	0.000000		0 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,702,967	0.000000	0.000000		0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	9,670,326	0.000000	0.000000		0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	13,089,888	0.000000	0.000000		0 73.00
73.01	07301 CARDIAC REHAB	0	380,946	0.000000	0.000000		0 73.01
73.02	07302 WOUND CARE	0	660,789	0.000000	0.000000		0 73.02
73.03	07303 SLEEP LAB	0	1,304,145	0.000000	0.000000		0 73.03
73.04	03950 DIETARY EDUCATION	0	118,525	0.000000	0.000000		0 73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	12,495,233	0.000000	0.000000		0 88.00
88.01	08801 GIBSON CITY CLINIC	0	425,639	0.000000	0.000000		0 88.01
90.00	09000 CLINIC	0	749,985	0.000000	0.000000		0 90.00
90.01	09001 GERI PSYCH CLINIC	0	574,621	0.000000	0.000000		0 90.01
91.00	09100 EMERGENCY	0	12,290,995	0.000000	0.000000		0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	585,544	0.000000	0.000000		0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	151,955,002				0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/26/2017 2:18 pm
Title XIX		Skilled Nursing Facility	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
60.00	06000 LABORATORY	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
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
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
73.01	07301 CARDIAC REHAB	0	0	0	73.01
73.02	07302 WOUND CARE	0	0	0	73.02
73.03	07303 SLEEP LAB	0	0	0	73.03
73.04	03950 DIETARY EDUCATION	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
88.01	08801 GIBSON CITY CLINIC	0	0	0	88.01
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 GERI PSYCH CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 2/26/2017 2:18 pm
Cost Center Description		Title XVIII	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,236 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			2,433 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			2,131 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			195 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)			586 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			6 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)			16 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			870 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)			127 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)			380 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			144.67 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			147.50 20.00
21.00	Total general inpatient routine service cost (see instructions)			6,029,331 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)			868 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)			2,360 25.00
26.00	Total swing-bed cost (see instructions)			1,467,564 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			4,561,767 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			4,561,767 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,874.95 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,631,207 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)			1,631,207 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 2/26/2017 2:18 pm	
Title XVIII			Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	392,874	30	13,095.80	16	209,533	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)					3,572,627	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,413,367	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					238,119	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					712,481	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					950,600	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					302	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,874.96	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					566,238	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1317		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 2/26/2017 2:18 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	542,279	6,029,331	0.089940	566,238	50,927	90.00
91.00	Nursing School cost	0	6,029,331	0.000000	566,238	0	91.00
92.00	Allied health cost	0	6,029,331	0.000000	566,238	0	92.00
93.00	All other Medical Education	0	6,029,331	0.000000	566,238	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 2/26/2017 2:18 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		636	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		636	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)		636	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		629	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			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		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		247,029	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		247,029	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		247,029	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 2/26/2017 2:18 pm
				Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges						54.00
55.00 Target amount per discharge						55.00
56.00 Target amount (line 54 x line 55)						56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00 Bonus payment (see instructions)						58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00 Relief payment (see instructions)						62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					247,029	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					388.41	71.00
72.00 Program routine service cost (line 9 x line 71)					244,310	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					244,310	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00 Program capital-related costs (line 9 x line 76)					0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00 Inpatient routine service cost per diem limitation					0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)					244,310	83.00
84.00 Program inpatient ancillary services (see instructions)					186,613	84.00
85.00 Utilization review - physician compensation (see instructions)					0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					430,923	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1317 Component CCN: 14-5979		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 2/26/2017 2:18 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 2/26/2017 2:18 pm
		Title XIX	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		636	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		636	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)		636	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		339	15.00
16.00	Nursery days (title V or XIX only)		29	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		247,029	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		247,029	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		247,029	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 2/26/2017 2:18 pm
				Title XIX	Skilled Nursing Facility	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges						54.00
55.00 Target amount per discharge						55.00
56.00 Target amount (line 54 x line 55)						56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00 Bonus payment (see instructions)						58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00 Relief payment (see instructions)						62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					247,029	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					388.41	71.00
72.00 Program routine service cost (line 9 x line 71)					0	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					21,405	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					33.66	76.00
77.00 Program capital-related costs (line 9 x line 76)					0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00 Inpatient routine service cost per diem limitation					0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0	83.00
84.00 Program inpatient ancillary services (see instructions)					0	84.00
85.00 Utilization review - physician compensation (see instructions)					0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1317 Component CCN: 14-5979		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 2/26/2017 2:18 pm	
		Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 2/26/2017 2:18 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,984,508	30.00
31.00	03100	INTENSIVE CARE UNIT		36,253	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.276739	2,494,995	690,462 50.00
51.00	05100	RECOVERY ROOM	0.210619	232,058	48,876 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.139686	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.196056	57,111	11,197 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.222467	601,737	133,867 54.00
56.00	05600	RADIOISOTOPE	0.312781	10,228	3,199 56.00
60.00	06000	LABORATORY	0.143611	598,111	85,895 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.251687	112,851	28,403 63.00
64.00	06400	INTRAVENOUS THERAPY	0.111055	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.287262	1,076,785	309,319 65.00
66.00	06600	PHYSICAL THERAPY	0.394664	287,346	113,405 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.341641	197,993	67,643 67.00
68.00	06800	SPEECH PATHOLOGY	0.620129	5,236	3,247 68.00
69.00	06900	ELECTROCARDIOLOGY	0.025320	50,551	1,280 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.213513	1,358,024	289,956 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.385494	3,486,587	1,344,058 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223078	1,889,921	421,600 73.00
73.01	07301	CARDIAC REHAB	0.620146	0	0 73.01
73.02	07302	WOUND CARE	0.863052	0	0 73.02
73.03	07303	SLEEP LAB	0.324897	0	0 73.03
73.04	03950	DIETARY EDUCATION	0.733406	24,786	18,178 73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
88.01	08801	GIBSON CITY CLINIC	0.000000		0 88.01
90.00	09000	CLINIC	0.692859	0	0 90.00
90.01	09001	GERI PSYCH CLINIC	1.251244	0	0 90.01
91.00	09100	EMERGENCY	0.261532	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.967029	2,112	2,042 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		12,486,432	3,572,627 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		12,486,432	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1317 Component CCN: 14-Z317	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 2/26/2017 2:18 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.276739	0	50.00
51.00	05100	RECOVERY ROOM	0.210619	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.139686	0	52.00
53.00	05300	ANESTHESIOLOGY	0.196056	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.222467	22,159	54.00
56.00	05600	RADIOISOTOPE	0.312781	0	56.00
60.00	06000	LABORATORY	0.143611	91,361	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.251687	2,014	63.00
64.00	06400	INTRAVENOUS THERAPY	0.111055	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.287262	152,627	65.00
66.00	06600	PHYSICAL THERAPY	0.394664	156,544	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.341641	129,378	67.00
68.00	06800	SPEECH PATHOLOGY	0.620129	3,405	68.00
69.00	06900	ELECTROCARDIOLOGY	0.025320	5,672	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.213513	99,901	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.385494	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223078	391,585	73.00
73.01	07301	CARDIAC REHAB	0.620146	0	73.01
73.02	07302	WOUND CARE	0.863052	0	73.02
73.03	07303	SLEEP LAB	0.324897	0	73.03
73.04	03950	DIETARY EDUCATION	0.733406	0	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
88.01	08801	GIBSON CITY CLINIC	0.000000		88.01
90.00	09000	CLINIC	0.692859	0	90.00
90.01	09001	GERI PSYCH CLINIC	1.251244	0	90.01
91.00	09100	EMERGENCY	0.261532	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.967029	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		1,054,646	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)		1,054,646	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 2/26/2017 2:18 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		6,743		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.276739	0	0	50.00
51.00	05100 RECOVERY ROOM	0.210619	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.139686	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.196056	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.222467	4,648	1,034	54.00
56.00	05600 RADIOISOTOPE	0.312781	0	0	56.00
60.00	06000 LABORATORY	0.143611	12,301	1,767	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.251687	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.111055	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.287262	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.394664	449,712	177,485	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.341641	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.620129	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.025320	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.213513	10,427	2,226	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.385494	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.223078	15,679	3,498	73.00
73.01	07301 CARDIAC REHAB	0.620146	0	0	73.01
73.02	07302 WOUND CARE	0.863052	0	0	73.02
73.03	07303 SLEEP LAB	0.324897	0	0	73.03
73.04	03950 DIETARY EDUCATION	0.733406	0	0	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
88.01	08801 GIBSON CITY CLINIC	0.000000		0	88.01
90.00	09000 CLINIC	0.692859	871	603	90.00
90.01	09001 GERI PSYCH CLINIC	1.251244	0	0	90.01
91.00	09100 EMERGENCY	0.261532	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.967029	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		493,638	186,613	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)		493,638		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part B Date/Time Prepared: 2/26/2017 2:18 pm
		Title XVIII	Hospital	Cost
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,082,096	1.00
2.00	Medical and other services reimbursed under OPPTS (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)		8,082,096	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		8,162,917	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		52,775	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,961,051	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)		3,149,091	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)		3,149,091	30.00
31.00	Primary payer payments		657	31.00
32.00	Subtotal (line 30 minus line 31)		3,148,434	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		232,680	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		151,242	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		232,680	36.00
37.00	Subtotal (see instructions)		3,299,676	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)		3,299,676	40.00
40.01	Sequestration adjustment (see instructions)		65,994	40.01
41.00	Interim payments		3,766,888	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-533,206	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part B Date/Time Prepared: 2/26/2017 2:18 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		774	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			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)		774	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		3,471	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)		3,471	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		3,471	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,697	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)		774	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			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)		774	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)		774	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		774	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		774	37.00
38.00	MSP-LCC reconciliation amount from PS&R			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)		774	40.00
40.01	Sequestration adjustment (see instructions)		15	40.01
41.00	Interim payments		612	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		147	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet E-1
Part I
Date/Time Prepared:
2/26/2017 2:18 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		4,511,429		3,779,660	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	05/12/2016	251,633		0		3.01
3.02		09/27/2016	146,318		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0	05/12/2016	12,772		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)		397,951		-12,772		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,909,380		3,766,888		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		176,538		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		533,206		6.02
7.00	Total Medicare program liability (see instructions)		5,085,918		3,233,682		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-1317

Period: From 10/01/2015

Worksheet E-1

Component CCN: 14-Z317

To 09/30/2016

Part I
Date/Time Prepared:
2/26/2017 2:18 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		1,323,328		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		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	05/12/2016	10,847		0	3.50
3.51		09/27/2016	7,890		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)		-18,737		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)		1,304,591		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		117,702		0	6.02
7.00	Total Medicare program liability (see instructions)		1,186,889		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-1317
Component CCN: 14-5979

Period:
From 10/01/2015
To 09/30/2016

Worksheet E-1
Part I
Date/Time Prepared:
2/26/2017 2:18 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		183,577		612	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		183,577		612	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		147	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		183,577		759	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet E-1
Part II
Date/Time Prepared:
2/26/2017 2:18 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			925	1.00	
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			886	2.00	
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			62	3.00	
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			2,161	4.00	
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			168,076,191	5.00	
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			2,387,878	6.00	
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0	7.00	
8.00	Calculation of the HIT incentive payment (see instructions)			0	8.00	
9.00	Sequestration adjustment amount (see instructions)			0	9.00	
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0	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)			0	32.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 14-1317 Component CCN: 14-Z317	Period: From 10/01/2015 To 09/30/2016	Worksheet E-2 Date/Time Prepared: 2/26/2017 2:18 pm
		Title XVIII	Swing Beds - SNF	Cost
		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	960,106	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)	282,117	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	507	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)	1,242,223	0	8.00
9.00	Primary payer payments (see instructions)	17,483	0	9.00
10.00	Subtotal (line 8 minus line 9)	1,224,740	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)	1,224,740	0	12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinurance for physician professional services)	13,629	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)	1,211,111	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)	1,211,111	0	19.00
19.01	Sequestration adjustment (see instructions)	24,222	0	19.01
20.00	Interim payments	1,304,591	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)	-117,702	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: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet E-3 Part V Date/Time Prepared: 2/26/2017 2:18 pm
		Title XVIII	Hospital	Cost
				1.00
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT				
1.00	Inpatient services			5,413,367 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)			5,413,367 4.00
5.00	Primary payer payments			0 5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)			5,467,501 6.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
7.00	Routine service charges			0 7.00
8.00	Ancillary service charges			0 8.00
9.00	Organ acquisition charges, net of revenue			0 9.00
10.00	Total reasonable charges			0 10.00
Customary charges				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 11.00
12.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)			0.000000 13.00
14.00	Total customary charges (see instructions)			0 14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)			0 15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)			0 16.00
17.00	Cost of physicians' services in a teaching hospital (see instructions)			0 17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)			5,467,501 19.00
20.00	Deductibles (exclude professional component)			289,492 20.00
21.00	Excess reasonable cost (from line 16)			0 21.00
22.00	Subtotal (line 19 minus line 20 and 21)			5,178,009 22.00
23.00	Coinurance			0 23.00
24.00	Subtotal (line 22 minus line 23)			5,178,009 24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			18,004 25.00
26.00	Adjusted reimbursable bad debts (see instructions)			11,703 26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			18,004 27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)			5,189,712 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)			5,189,712 30.00
30.01	Sequestration adjustment (see instructions)			103,794 30.01
31.00	Interim payments			4,909,380 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)			176,538 33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2015 To 09/30/2016	Worksheet E-3 Part VI Date/Time Prepared: 2/26/2017 2:18 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		248,822	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		248,822	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		61,499	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		187,323	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		187,323	15.00
15.01	Sequestration adjustment (see instructions)		3,746	15.01
16.00	Interim payments		183,577	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		0	18.00
19.00	Protected amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet E-3 Part VII Date/Time Prepared: 2/26/2017 2:18 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital /SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2015 To 09/30/2016	Worksheet E-3 Part VII Date/Time Prepared: 2/26/2017 2:18 pm
		Title XIX	Skilled Nursing Facility	PPS
			Inpatient 1.00	Outpatient 2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital /SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		0	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	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	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	43.00

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

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet G
Date/Time Prepared:
2/26/2017 2:18 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	795,741	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	22,788,200	0	0	0	4.00
5.00	Other receivable	663,725	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	657,151	0	0	0	7.00
8.00	Prepaid expenses	1,122,239	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	26,027,056	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	28,795,411	0	0	0	15.00
16.00	Accumulated depreciation	0	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	28,795,411	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	8,770,846	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	761,010	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	9,531,856	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	64,354,323	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,705,024	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,855,954	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,281,796	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	3,407,891	0	0	0	43.00
44.00	Other current liabilities	8,300,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	24,550,665	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	15,702,855	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)	15,702,855	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	40,253,520	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	24,100,803				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	24,100,803	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	64,354,323	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet G-1

Date/Time Prepared:
2/26/2017 2:18 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		23,477,036			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		623,768				2.00
3.00	Total (sum of line 1 and line 2)		24,100,804			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	ROUNDING	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)		24,100,804			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	ROUNDING	1		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)		1			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		24,100,803			0	19.00

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2015
To 09/30/2016

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/26/2017 2:18 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	10,448,040		10,448,040	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	175,204		175,204	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	3,534,383		3,534,383	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	14,157,627		14,157,627	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	72,825		72,825	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)	72,825		72,825	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	14,230,452		14,230,452	17.00
18.00	Ancillary services	34,253,452	99,695,926	133,949,378	18.00
19.00	Outpatient services	824,753	17,996,536	18,821,289	19.00
20.00	RURAL HEALTH CLINIC	0	12,495,233	12,495,233	20.00
20.01	GIBSON CITY CLINIC	0	425,639	425,639	20.01
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	6,347,892	6,347,892	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER NRCC	21,163	14,246,575	14,267,738	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	49,329,820	151,207,801	200,537,621	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		85,851,914		29.00
30.00		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)		85,851,914		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 14-1317	Period: From 10/01/2015 To 09/30/2016	Worksheet G-3 Date/Time Prepared: 2/26/2017 2:18 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	200,537,621	1.00
2.00	Less contractual allowances and discounts on patients' accounts	109,169,565	2.00
3.00	Net patient revenues (line 1 minus line 2)	91,368,056	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	85,851,914	4.00
5.00	Net income from service to patients (line 3 minus line 4)	5,516,142	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	228,453	6.00
7.00	Income from investments	282,565	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	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	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	4,010,273	24.00
24.01	GRANT INCOME	634,951	24.01
24.02	REALIZED GAIN	112,064	24.02
24.03	CHANGE IN TEMP RESTRICT NET ASSETS	51,953	24.03
24.04	UNREALIZED GAINS	208,717	24.04
24.05	NET ASSETS REALED	9,390	24.05
25.00	Total other income (sum of lines 6-24)	5,538,366	25.00
26.00	Total (line 5 plus line 25)	11,054,508	26.00
27.00	ACCOUNTS IN MISC REV ON AFS	1,400,139	27.00
27.01	LOSS ON IMPAIRMENT ASSET	2,140,175	27.01
27.02	BAD DEBTS	6,890,426	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	10,430,740	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	623,768	29.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-1317

Period: From 10/01/2015

Worksheet M-1

Component CCN: 14-3408

To 09/30/2016

Date/Time Prepared: 2/26/2017 2:18 pm

		RHC I		Cost			
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	3,824,432	0	3,824,432	0	3,824,432	1.00
2.00	Physician Assistant	330,265	0	330,265	0	330,265	2.00
3.00	Nurse Practitioner	1,101,670	0	1,101,670	0	1,101,670	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	1,474,015	0	1,474,015	0	1,474,015	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0	9.00
10.00	Subtotal (sum of lines 1 through 9)	6,730,382	0	6,730,382	0	6,730,382	10.00
11.00	Physician Services Under Agreement	288,000	0	288,000	0	288,000	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)	288,000	0	288,000	0	288,000	14.00
15.00	Medical Supplies	0	789,253	789,253	0	789,253	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	789,253	789,253	0	789,253	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	7,018,382	789,253	7,807,635	0	7,807,635	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	1,299,682	2,457,180	3,756,862	82,442	3,839,304	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	1,299,682	2,457,180	3,756,862	82,442	3,839,304	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	8,318,064	3,246,433	11,564,497	82,442	11,646,939	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-1317

Period: From 10/01/2015

Worksheet M-1

Component CCN: 14-3408

To 09/30/2016

Date/Time Prepared: 2/26/2017 2:18 pm

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	RHC I	Cost
		6.00	7.00		
FACILITY HEALTH CARE STAFF COSTS					
1.00	Physician	-1,642	3,822,790		1.00
2.00	Physician Assistant	0	330,265		2.00
3.00	Nurse Practitioner	0	1,101,670		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	1,474,015		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	0		9.00
10.00	Subtotal (sum of lines 1 through 9)	-1,642	6,728,740		10.00
11.00	Physician Services Under Agreement	0	288,000		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	288,000		14.00
15.00	Medical Supplies	0	789,253		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	0		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs	0	0		20.00
21.00	Subtotal (sum of lines 15 through 20)	0	789,253		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-1,642	7,805,993		22.00
COSTS OTHER THAN RHC/FQHC SERVICES					
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
25.01	Telehealth	0	0		25.01
25.02	Chronic Care Management	0	0		25.02
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
FACILITY OVERHEAD					
29.00	Facility Costs	0	0		29.00
30.00	Administrative Costs	-245,423	3,593,881		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-245,423	3,593,881		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-247,065	11,399,874		32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-1317

Period: From 10/01/2015

Worksheet M-1

Component CCN: 14-8559

To 09/30/2016

Date/Time Prepared: 2/26/2017 2:18 pm

		RHC II		Cost			
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassification	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	70,003	0	70,003	0	70,003	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	34,500	0	34,500	0	34,500	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	36,780	0	36,780	0	36,780	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0	9.00
10.00	Subtotal (sum of lines 1 through 9)	141,283	0	141,283	0	141,283	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	36,330	36,330	0	36,330	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	36,330	36,330	0	36,330	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	141,283	36,330	177,613	0	177,613	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	74,209	35,982	110,191	12,602	122,793	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	74,209	35,982	110,191	12,602	122,793	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	215,492	72,312	287,804	12,602	300,406	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-1317
Component CCN: 14-8559

Period:
From 10/01/2015
To 09/30/2016

Worksheet M-1
Date/Time Prepared:
2/26/2017 2:18 pm

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	RHC II	Cost
		6.00	7.00		
FACILITY HEALTH CARE STAFF COSTS					
1.00	Physician	-466	69,537		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	34,500		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	36,780		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	0		9.00
10.00	Subtotal (sum of lines 1 through 9)	-466	140,817		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	36,330		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	0		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs	0	0		20.00
21.00	Subtotal (sum of lines 15 through 20)	0	36,330		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-466	177,147		22.00
COSTS OTHER THAN RHC/FQHC SERVICES					
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
25.01	Telehealth	0	0		25.01
25.02	Chronic Care Management	0	0		25.02
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
FACILITY OVERHEAD					
29.00	Facility Costs	0	0		29.00
30.00	Administrative Costs	0	122,793		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	122,793		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-466	299,940		32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-1317 Component CCN: 14-3408	Period: From 10/01/2015 To 09/30/2016	Worksheet M-2 Date/Time Prepared: 2/26/2017 2:18 pm
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		RHC I		Cost		
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4
		1.00	2.00	3.00	4.00	5.00
VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	6.94	25,838	4,200	29,148	1.00
2.00	Physician Assistant	0.98	6,107	2,100	2,058	2.00
3.00	Nurse Practitioner	5.27	14,477	2,100	11,067	3.00
4.00	Subtotal (sum of lines 1 through 3)	13.19	46,422		42,273	4.00
5.00	Visiting Nurse	0.00	0			5.00
6.00	Clinical Psychologist	0.00	0			6.00
7.00	Clinical Social Worker	0.00	0			7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	13.19	46,422			8.00
9.00	Physician Services Under Agreements		0			9.00
						1.00
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				7,805,993	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)				7,805,993	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet, M-1, col. 7, line 31)				3,593,881	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				4,178,546	15.00
16.00	Total overhead (sum of lines 14 and 15)				7,772,427	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Enter the amount from line 16				7,772,427	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				7,772,427	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				15,578,420	20.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-1317 Component CCN: 14-8559	Period: From 10/01/2015 To 09/30/2016	Worksheet M-2 Date/Time Prepared: 2/26/2017 2:18 pm
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		RHC II		Cost		
	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	0.24	935	4,200	1,008	1.00
2.00	Physician Assistant	0.00	0	2,100	0	2.00
3.00	Nurse Practitioner	0.16	798	2,100	336	3.00
4.00	Subtotal (sum of lines 1 through 3)	0.40	1,733		1,344	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)	0.40	1,733			8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				177,147	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)				177,147	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet, M-1, col. 7, line 31)				122,793	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				127,955	15.00
16.00	Total overhead (sum of lines 14 and 15)				250,748	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Enter the amount from line 16				250,748	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				250,748	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				427,895	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-1317 Component CCN: 14-3408	Period: From 10/01/2015 To 09/30/2016	Worksheet M-3 Date/Time Prepared: 2/26/2017 2:18 pm	
		Title XVIII	RHC I	Cost	
				1.00	
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES					
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			15,578,420	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			233,298	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			15,345,122	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			46,422	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)			46,422	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			330.56	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)		330.56	330.56	9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)		0	10,162	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		0	3,359,151	11.00
12.00	Program covered visits for mental health services (from contractor records)		0	1	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)		0	331	13.00
14.00	Limit adjustment for mental health services (see instructions)		0	331	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)				15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		0	3,359,482	16.00
16.01	Total program charges (see instructions)(from contractor's records)			1,884,486	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)			17,742	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			31,630	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.)			2,565,844	16.04
16.05	Total program cost (see instructions)		0	2,597,474	16.05
17.00	Primary payer amounts			0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			120,547	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			349,239	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)			2,597,474	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			127,586	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)			2,725,060	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)			2,725,060	26.00
26.01	Sequestration adjustment (see instructions)			54,501	26.01
27.00	Interim payments			2,326,412	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)			344,147	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter 1, §115.2			0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-1317 Component CCN: 14-8559	Period: From 10/01/2015 To 09/30/2016	Worksheet M-3 Date/Time Prepared: 2/26/2017 2:18 pm	
		Title XVIII	RHC II	Cost	
				1.00	
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES					
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			427,895	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			0	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			427,895	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			1,733	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)			1,733	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			246.91	7.00
		Calculation of Limit (1)			
		Prior to January 1		On on 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)		246.91	246.91	9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)		0	606	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		0	149,627	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)				15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		0	149,627	16.00
16.01	Total program charges (see instructions)(from contractor's records)			95,387	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)			1,790	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			2,808	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.)			116,712	16.04
16.05	Total program cost (see instructions)		0	119,520	16.05
17.00	Primary payer amounts			0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			929	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			18,534	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)			119,520	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)			119,520	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)			119,520	26.00
26.01	Sequestration adjustment (see instructions)			2,390	26.01
27.00	Interim payments			22,987	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)			94,143	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter 1, §115.2			0	30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 14-1317 Component CCN: 14-3408	Period: From 10/01/2015 To 09/30/2016	Worksheet M-4 Date/Time Prepared: 2/26/2017 2:18 pm	
		Title XVIII	RHC I	Cost	
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		6,728,740	6,728,740	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.001663	0.003981	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		11,190	26,787	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		49,782	29,140	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		60,972	55,927	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		7,805,993	7,805,993	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		7,772,427	7,772,427	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.007811	0.007165	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		60,710	55,689	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		121,682	111,616	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		572	1,085	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		212.73	102.87	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		313	593	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		66,584	61,002	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)			233,298	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)			127,586	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-1317 Component CCN: 14-3408	Period: From 10/01/2015 To 09/30/2016	Worksheet M-5 Date/Time Prepared: 2/26/2017 2:18 pm
		RHC I	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		1,882,353	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		05/12/2016	223,105	3.01
3.02		09/27/2016	220,954	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		444,059	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		2,326,412	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		344,147	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		2,670,559	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00
8.00	Name of Contractor			8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 14-1317 Component CCN: 14-8559	Period: From 10/01/2015 To 09/30/2016	Worksheet M-5 Date/Time Prepared: 2/26/2017 2:18 pm
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		RHC II	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		22,987	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		22,987	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		94,143	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		117,130	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00
8.00	Name of Contractor			8.00