

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: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 11/27/2017 10:11 am
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 11/27/2017 Time: 10:11 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 MCDONOUGH DISTRICT HOSPITAL ( 14-0089 ) for the cost reporting period beginning 07/01/2016 and ending 06/30/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-60,916	16,771	21,212	0	1.00
2.00 Subprovider - IPF	0	4	-1		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	-41		0	9.00
10.00 RURAL HEALTH CLINIC I	0		16,756		0	10.00
200.00 Total	0	-60,912	33,485	21,212	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: 14-0089			Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/26/2017 1:06 pm			
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 525 E. GRANT	PO Box:								1.00
2.00	City: MACOMB	State: IL		Zip Code: 61455-		County: MCDONOUGH				2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	MCDONOUGH DISTRICT HOSPITAL	140089	99914	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	MCDONOUGH DISTRICT HOSPITAL	14S089	99914	4	07/01/2015	N	P	O	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	MDH SWING BEDS	14U089	99914		04/29/2015	N	P	N	7.00
8.00	Swing Beds - NF	MDH SWING BEDS	14U089	99914		04/29/2015	N		N	8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	MDH HOME HEALTH	147293	99914		12/14/1984	N	P	O	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	MDH HOSPICE	141524	99914		01/12/1989				14.00
15.00	Hospital-Based Health Clinic - RHC	BUSHNELL FAMILY PRACTICE	148522	99914		01/31/2013	N	O	O	15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2016	06/30/2017		20.00	
21.00	Type of Control (see instructions)					11			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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.	836	0	0	0	190	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		25.00	

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		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.		1			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.	07/01/2016	06/30/2017			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.		0			37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)		N			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)		Y	Y		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)		N	N		40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.		N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.		N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N	N	48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					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
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.20
						1.00	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<b>Teaching Hospitals that Claim Residents in Nonprovider Settings</b>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)					N	63.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00
	Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
					1.00	
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V 1.00	XIX 2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00		
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N		107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00		
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
						1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.	N				110.00
						1.00 2.00 3.00
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		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.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	152,646	0	0		118.01
						1.00 2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/26/2017 1:06 pm	
			Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		01/01/2016	03/31/2016	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. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0089		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part II Date/Time Prepared: 11/26/2017 1:06 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)	Y	10/18/2017	Y	10/18/2017		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/26/2017 1:06 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				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.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			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
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/26/2017 1:06 pm
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER - HC CONSULTING		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: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/26/2017 1:06 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	38	13,870	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		38	13,870	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	7	2,555	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY					0	13.00
14.00 Total (see instructions)		45	16,425	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	12	4,380		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		57				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)		3	1,095			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: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/26/2017 1:06 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)	1,552	498	3,317			1.00
2.00 HMO and other (see instructions)	381	190				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	410	0	410			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	278			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	1,962	498	4,005			7.00
8.00 INTENSIVE CARE UNIT	300	30	653			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		297	636			13.00
14.00 Total (see instructions)	2,262	825	5,294	0.00	531.40	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	950	31	1,378	0.00	17.63	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	2,567	0	8,585	0.00	17.52	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	6.88	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	963	920	5,315	0.00	7.46	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	580.89	27.00
28.00 Observation Bed Days		93	373			28.00
29.00 Ambulance Trips	1,069					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	11	51			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/26/2017 1:06 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	510	253	1,278	1.00
2.00 HMO and other (see instructions)			96	1		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	510	253	1,278	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	90	4	133	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						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/26/2017 1:06 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Pai d Hours Rel ated to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	38,529,838	0	38,529,838	1,208,258.00	31.89	1.00
2.00	Non-physician anesthesiologist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthesiologist Part B		1,050,794	0	1,050,794	9,779.00	107.45	3.00
4.00	Physician-Part A - Administrative		100,464	0	100,464	906.00	110.89	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		1,942,870	0	1,942,870	21,082.00	92.16	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		263,024	0	263,024	11,768.00	22.35	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		13,516,826	0	13,516,826	387,122.00	34.92	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract Labor: Direct Patient Care		450,098	0	450,098	5,707.00	78.87	11.00
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		7,177,918	0	7,177,918			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,805,331	0	3,805,331			19.00
20.00	Non-physician anesthesiologist Part A		0	0	0			20.00
21.00	Non-physician anesthesiologist Part B		138,822	0	138,822			21.00
22.00	Physician Part A - Administrative		12,954	0	12,954			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		289,696	0	289,696			23.00
24.00	Wage-related costs (RHC/FQHC)		101,503	0	101,503			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related		0	0	0			25.50
25.51	Related organization wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/26/2017 1:06 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	351,176	0	351,176	9,508.00	36.93 26.00
27.00	Administrative & General	5.00	4,563,024	0	4,563,024	171,679.00	26.58 27.00
28.00	Administrative & General under contract (see inst.)		331,028	0	331,028	5,003.00	66.17 28.00
29.00	Maintenance & Repairs	6.00	719,189	0	719,189	30,629.00	23.48 29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00 30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00 31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00 32.00
33.00	Housekeeping under contract (see instructions)		667,203	0	667,203	49,454.00	13.49 33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00 34.00
35.00	Dietary under contract (see instructions)		572,770	0	572,770	36,023.00	15.90 35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00 37.00
38.00	Nursing Administration	13.00	342,925	0	342,925	8,423.00	40.71 38.00
39.00	Central Services and Supply	14.00	281,759	10,168	291,927	18,768.00	15.55 39.00
40.00	Pharmacy	15.00	613,855	0	613,855	14,991.00	40.95 40.00
41.00	Medical Records & Medical Records Library	16.00	588,857	0	588,857	34,757.00	16.94 41.00
42.00	Social Service	17.00	227,796	0	227,796	7,548.00	30.18 42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/26/2017 1:06 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Pai d Hours Related to Sal ari es i n col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	36,844,151	0	36,844,151	1,256,109.00	29.33	1.00
2.00	Excluded area salaries (see instructions)	13,516,826	0	13,516,826	387,122.00	34.92	2.00
3.00	Subtotal salaries (line 1 minus line 2)	23,327,325	0	23,327,325	868,987.00	26.84	3.00
4.00	Subtotal other wages & related costs (see inst.)	450,098	0	450,098	5,707.00	78.87	4.00
5.00	Subtotal wage-related costs (see inst.)	7,190,872	0	7,190,872	0.00	30.83	5.00
6.00	Total (sum of lines 3 thru 5)	30,968,295	0	30,968,295	874,694.00	35.40	6.00
7.00	Total overhead cost (see instructions)	9,259,582	10,168	9,269,750	386,783.00	23.97	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 11/26/2017 1:06 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	896,512	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	7,515,149	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	265,975	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	40,953	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	91,426	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	104,038	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	2,548,108	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	13,013	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	51,050	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	11,526,224	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-3  
Part V  
Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	450,098	11,526,224	1.00
2.00	Hospital	450,098	7,177,918	2.00
3.00	Subprovider - IPF	0	164,294	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	101,503	14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	4,082,509	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0089 Component CCN: 14-7293	Period: From 07/01/2016 To 06/30/2017	Worksheet S-4 Date/Time Prepared: 11/26/2017 1:06 pm
			Home Health Agency I	PPS

		1.00					
0.00	County	MCDONOUGH					0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
<b>HOME HEALTH AGENCY STATISTICAL DATA</b>							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	132.00	32.00	202.00	366.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week			Staff	Contract	Total
		0			1.00	2.00	3.00
<b>HOME HEALTH AGENCY - NUMBER OF EMPLOYEES</b>							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.50	0.00	0.50	4.00
5.00	Other Administrative Personnel			3.39	0.00	3.39	5.00
6.00	Direct Nursing Service			11.12	0.00	11.12	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			2.17	0.00	2.17	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.97	0.00	0.97	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.30	0.00	0.30	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.05	0.00	0.05	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.74	0.00	1.74	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
<b>HOME HEALTH AGENCY CBSA CODES</b>							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99914			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
<b>PPS ACTIVITY DATA</b>							
21.00	Skilled Nursing Visits	1,306	203	30	10	1,549	21.00
22.00	Skilled Nursing Visit Charges	222,020	34,510	5,100	1,700	263,330	22.00
23.00	Physical Therapy Visits	504	45	7	1	557	23.00
24.00	Physical Therapy Visit Charges	85,680	7,650	1,190	170	94,690	24.00
25.00	Occupational Therapy Visits	273	18	4	1	296	25.00
26.00	Occupational Therapy Visit Charges	46,410	3,060	680	170	50,320	26.00
27.00	Speech Pathology Visits	26	0	0	0	26	27.00
28.00	Speech Pathology Visit Charges	4,420	0	0	0	4,420	28.00
29.00	Medical Social Service Visits	7	1	0	0	8	29.00
30.00	Medical Social Service Visit Charges	1,190	170	0	0	1,360	30.00
31.00	Home Health Aide Visits	98	33	0	0	131	31.00
32.00	Home Health Aide Visit Charges	11,001	3,704	0	0	14,705	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	2,214	300	41	12	2,567	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	370,721	49,094	6,970	2,040	428,825	35.00
36.00	Total Number of Episodes (standard/non outlier)	123		13	2	138	36.00
37.00	Total Number of Outlier Episodes		9		0	9	37.00
38.00	Total Non-Routine Medical Supply Charges	14,587	1,720	528	53	16,888	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-7

Date/Time Prepared:  
11/26/2017 1:06 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	04/29/2015	2.00

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
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	0	0	0	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	0	0	8.00
9.00		RMX	0	13	13	9.00
10.00		RML	0	36	36	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	0	5	5	15.00
16.00		RVB	0	0	0	16.00
17.00		RVA	0	38	38	17.00
18.00		RHC	0	25	25	18.00
19.00		RHB	0	0	0	19.00
20.00		RHA	0	86	86	20.00
21.00		RMC	0	0	0	21.00
22.00		RMB	0	8	8	22.00
23.00		RMA	0	82	82	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	35	35	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	34	34	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	0	0	0	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	0	0	0	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	0	2	2	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	0	4	4	50.00
51.00		CB2	0	12	12	51.00
52.00		CB1	0	18	18	52.00
53.00		CA2	0	3	3	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: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-7

Date/Time Prepared:  
11/26/2017 1:06 pm

		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	0	9	9	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		0	410	410	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).  
 99914 99914 201.00

		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	0	0.00		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)	0			207.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-0089 Component CCN: 14-8522		Period: From 07/01/2016 To 06/30/2017		Worksheet S-8 Date/Time Prepared: 11/26/2017 1:06 pm	
		RHC I		Cost			
				1.00			
1.00	115 W. HAIL ST	City		State	ZIP Code	1.00	
2.00	BUSHNELL	1.00		2.00	3.00	2.00	
HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban				1.00		0 3.00	
		Grant Award		Date			
		1.00		2.00			
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 10.00	
		Sunday		Monday		Tuesday	
		from	to	from	to	from	
		1.00	2.00	3.00	4.00	5.00	
11.00	08:30			17:00			11.00
				1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?			N		12.00	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			N		0 13.00	
		Provider name		CCN number			
		1.00		2.00			
14.00	RHC/FQHC name, CCN number			XVIII		Total Visits	
		Y/N	V	3.00	4.00	5.00	
		1.00	2.00				
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	MCDONOUGH					2.00	
		Tuesday		Wednesday		Thursday	
		to	from	to	from	to	
		6.00	7.00	8.00	9.00	10.00	
11.00	17:00	08:30	12:00	08:30	17:00	11.00	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-0089 Component CCN: 14-8522		Period: From 07/01/2016 To 06/30/2017		Worksheet S-8 Date/Time Prepared: 11/26/2017 1:06 pm	
				RHC I		Cost	
		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
11.00	Facility hours of operations (1) Clinic	08:30	17:00				11.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA		Provider CCN: 14-0089 Hospice CCN: 14-1524	Period: From 07/01/2016 To 06/30/2017	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 11/26/2017 1:06 pm
		Hospice I		

	Unduplicated Days	Hospice I				Total (sum of cols. 1, 2 & 5)		
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			All Other
		1.00	2.00	3.00	4.00			5.00
<b>PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015</b>								
1.00	Hospice Continuous Home Care						1.00	
2.00	Hospice Routine Home Care						2.00	
3.00	Hospice Inpatient Respite Care						3.00	
4.00	Hospice General Inpatient Care						4.00	
5.00	Total Hospice Days						5.00	
<b>Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015</b>								
6.00	Number of patients receiving hospice care						6.00	
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00	
8.00	Average Length of Stay (line 5 / line 6)						8.00	
9.00	Unduplicated census count						9.00	

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
<b>PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	4,705	1,167	1,017	6,889	11.00
12.00	Hospice Inpatient Respite Care	11	0	0	11	12.00
13.00	Hospice General Inpatient Care	0	0	0	0	13.00
14.00	Total Hospice Days	4,716	1,167	1,017	6,900	14.00
<b>PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet S-10 Date/Time Prepared: 11/26/2017 1:06 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.335067	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		2,272,115	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid		3,897,451	5.00	
6.00	Medicaid charges		21,061,431	6.00	
7.00	Medicaid cost (line 1 times line 6)		7,056,991	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)		887,425	8.00	
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		53,657	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		64,884	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		887,425	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
<b>Uncompensated Care (see instructions for each line)</b>					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	312,598	711,480	1,024,078	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	104,741	711,480	816,221	21.00
22.00	Payments received from patients for amounts previously written off as charity care	36,337	72,323	108,660	22.00
23.00	Cost of charity care (line 21 minus line 22)	68,404	639,157	707,561	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			5,231,000	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			159,562	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			245,481	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)			4,985,519	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,756,402	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			2,463,963	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			3,351,388	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0089		Period: From 07/01/2016 To 06/30/2017		Worksheet A	
Date/Time Prepared: 11/26/2017 1:06 pm								
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT		5,006,698	5,006,698	143,014	5,149,712	1.01
1.02	00102	CAP REL COSTS-HSB I		197,303	197,303	0	197,303	1.02
1.03	00103	CAP REL COSTS-HSB II		541,203	541,203	0	541,203	1.03
1.04	00104	CAP REL COSTS-REHAB CNT		56,426	56,426	0	56,426	1.04
1.05	00105	CAP REL COSTS-DIAYSIS		0	0	0	0	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE		13,968	13,968	0	13,968	1.06
1.07	00107	CAP REL COSTS-MAB		68,262	68,262	0	68,262	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG		55,078	55,078	0	55,078	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN		0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG		178,893	178,893	0	178,893	1.10
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	351,176	12,057,355	12,408,531	13,138	12,421,669	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,563,024	5,838,208	10,401,232	-142,480	10,258,752	5.00
6.00	00600	MAINTENANCE & REPAIRS	658,151	1,226,050	1,884,201	0	1,884,201	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	28,058	187,968	216,026	0	216,026	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	22,617	107,111	129,728	0	129,728	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	4,310	9,874	14,184	0	14,184	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	2,252	15,962	18,214	0	18,214	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	1,583	9,054	10,637	0	10,637	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	2,218	18,553	20,771	0	20,771	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	165,720	165,720	0	165,720	8.00
9.00	00900	HOUSEKEEPING	0	973,340	973,340	0	973,340	9.00
9.01	00901	HOUSEKEEPING-HSB	0	150,369	150,369	0	150,369	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	86,548	86,548	0	86,548	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	11,479	11,479	0	11,479	9.03
9.04	00904	HOUSEKEEPING-MAB	0	8,035	8,035	0	8,035	9.04
10.00	01000	DIETARY	0	1,000,937	1,000,937	771,703	1,772,640	10.00
11.00	01100	CAFETERIA	0	0	0	-771,703	-771,703	11.00
13.00	01300	NURSING ADMINISTRATION	342,925	694	343,619	0	343,619	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	281,759	157,817	439,576	10,168	449,744	14.00
15.00	01500	PHARMACY	613,855	2,559,726	3,173,581	0	3,173,581	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	588,857	463,273	1,052,130	-13,672	1,038,458	16.00
17.00	01700	SOCIAL SERVICE	227,796	2,908	230,704	0	230,704	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	1,194,431	1,194,431	19.00
23.00	02300	PARAMED PRGM-CLOSED FY16	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	3,615,142	823,082	4,438,224	-684,344	3,753,880	30.00
31.00	03100	INTENSIVE CARE UNIT	638,812	53,925	692,737	0	692,737	31.00
40.00	04000	SUBPROVIDER - IPF	583,584	1,020,802	1,604,386	0	1,604,386	40.00
43.00	04300	NURSERY	0	0	0	300,654	300,654	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,209,191	1,271,295	2,480,486	0	2,480,486	50.00
51.00	05100	RECOVERY ROOM	525,685	85,230	610,915	0	610,915	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	373,522	373,522	52.00
53.00	05300	ANESTHESIOLOGY	1,569,981	262,749	1,832,730	-1,194,431	638,299	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,367,837	824,351	2,192,188	-130,584	2,061,604	54.00
57.00	05700	CT SCAN	0	861	861	130,584	131,445	57.00
58.00	05800	MRI	0	492,700	492,700	0	492,700	58.00
60.00	06000	LABORATORY	2,514,102	1,848,512	4,362,614	0	4,362,614	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	254,795	254,795	0	254,795	63.00
65.00	06500	RESPIRATORY THERAPY	785,780	139,890	925,670	-22,535	903,135	65.00
66.00	06600	PHYSICAL THERAPY	1,912,089	194,174	2,106,263	0	2,106,263	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	89,641	1,254	90,895	0	90,895	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	510,953	510,953	22,535	533,488	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	433,690	433,690	0	433,690	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	617,443	12,362	629,805	0	629,805	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	356,095	87,298	443,393	0	443,393	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	505,798	73,977	579,775	0	579,775	88.00
91.00	09100	EMERGENCY	1,616,835	2,532,807	4,149,642	0	4,149,642	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	810,165	59,458	869,623	0	869,623	95.00
101.00	10100	HOME HEALTH AGENCY	1,215,964	144,564	1,360,528	0	1,360,528	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A

Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	561,516	397,519	959,035	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	28,184,241	42,695,060	70,879,301	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	DAY HEALTH	102,759	23,081	125,840	0	194.00
194.01	07962	OUTREACH	152,764	35,649	188,413	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	159,352	198,631	357,983	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	107,128	644,371	751,499	0	194.05
194.06	07955	HOSPITALITY HOUSE	614	23,806	24,420	0	194.06
194.07	07956	HSK DIALYSIS	0	11,479	11,479	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	35,772	502	36,274	0	194.09
194.10	07959	FARM LAND	0	1,119	1,119	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	461,902	95,767	557,669	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	9,061,697	2,478,229	11,539,926	0	194.12
194.13	07961	VALET PARKING SERVICE	58,660	2,123	60,783	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	204,949	53,069	258,018	0	194.14
200.00		TOTAL (SUM OF LINES 118-199)	38,529,838	46,262,886	84,792,724	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A  
Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	-2,690	5,147,022	1.01
1.02	00102	CAP REL COSTS-HSB I	-41,542	155,761	1.02
1.03	00103	CAP REL COSTS-HSB II	-150,043	391,160	1.03
1.04	00104	CAP REL COSTS-REHAB CNT	-3,482	52,944	1.04
1.05	00105	CAP REL COSTS-DIAYSIS	0	0	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	13,968	1.06
1.07	00107	CAP REL COSTS-MAB	-2,690	65,572	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	55,078	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	-29,452	149,441	1.10
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-5,315,102	7,106,567	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-655,970	9,602,782	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,884,201	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	216,026	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	129,728	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	14,184	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	18,214	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	10,637	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	20,771	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	165,720	8.00
9.00	00900	HOUSEKEEPING	0	973,340	9.00
9.01	00901	HOUSEKEEPING-HSB	0	150,369	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	86,548	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	11,479	9.03
9.04	00904	HOUSEKEEPING-MAB	0	8,035	9.04
10.00	01000	DIETARY	-10,014	1,762,626	10.00
11.00	01100	CAFETERIA	0	-771,703	11.00
13.00	01300	NURSING ADMINISTRATION	0	343,619	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	449,744	14.00
15.00	01500	PHARMACY	0	3,173,581	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-21,336	1,017,122	16.00
17.00	01700	SOCIAL SERVICE	0	230,704	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-1,194,431	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-653,470	3,100,410	30.00
31.00	03100	INTENSIVE CARE UNIT	0	692,737	31.00
40.00	04000	SUBPROVIDER - IPF	0	1,604,386	40.00
43.00	04300	NURSERY	0	300,654	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	2,480,486	50.00
51.00	05100	RECOVERY ROOM	0	610,915	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	373,522	52.00
53.00	05300	ANESTHESIOLOGY	-495,242	143,057	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,061,604	54.00
57.00	05700	CT SCAN	0	131,445	57.00
58.00	05800	MRI	0	492,700	58.00
60.00	06000	LABORATORY	-762,189	3,600,425	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	254,795	63.00
65.00	06500	RESPIRATORY THERAPY	0	903,135	65.00
66.00	06600	PHYSICAL THERAPY	-16,446	2,089,817	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	90,895	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-16	533,472	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	433,690	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	629,805	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	443,393	76.01
76.02	03951	FLU CLINIC	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	579,775	88.00
91.00	09100	EMERGENCY	-2,149,530	2,000,112	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0	869,623	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,360,528	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A  
Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	959,035	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-11,503,645	59,375,656	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	DAY HEALTH	0	125,840	194.00
194.01	07962	OUTREACH	0	188,413	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	357,983	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	751,499	194.05
194.06	07955	HOSPITALITY HOUSE	0	24,420	194.06
194.07	07956	HSK DIALYSIS	0	11,479	194.07
194.08	07957	LEASED SALARIES	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	36,274	194.09
194.10	07959	FARM LAND	0	1,119	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	557,669	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	11,539,926	194.12
194.13	07961	VALET PARKING SERVICE	0	60,783	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	258,018	194.14
200.00		TOTAL (SUM OF LINES 118-199)	-11,503,645	73,289,079	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>A - RECLASS OB SALARY</b>						
1.00	NURSERY	43.00	300,654	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	373,522	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	10,168	0	3.00	
	<b>TOTALS</b>		<b>684,344</b>	<b>0</b>		
<b>B - RECLASS FOOD SERVICE</b>						
1.00	DIETARY	10.00	0	771,703	1.00	
	<b>TOTALS</b>		<b>0</b>	<b>771,703</b>		
<b>C - RECLASS CT EXPENSE</b>						
1.00	CT SCAN	57.00	72,452	58,132	1.00	
	<b>TOTALS</b>		<b>72,452</b>	<b>58,132</b>		
<b>D - RECLASS CRNA SALARIES</b>						
1.00	NONPHYSICIAN ANESTHETISTS	19.00	1,050,794	143,637	1.00	
	<b>TOTALS</b>		<b>1,050,794</b>	<b>143,637</b>		
<b>E - RECLASS COPY MACHINE EXPENSE</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,672	1.00	
	<b>TOTALS</b>		<b>0</b>	<b>13,672</b>		
<b>F - RECLASS O2 EXPENSE</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	22,535	1.00	
	<b>TOTALS</b>		<b>0</b>	<b>22,535</b>		
<b>G - RECLASS AUTO &amp; AMBULANCE COLLISION I</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.01	0	31,371	1.00	
2.00		0.00	0	0	2.00	
	<b>TOTALS</b>		<b>0</b>	<b>31,371</b>		
<b>H - RECLASS MI TEL LEASE OF PHONE SERVICE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.01	0	111,643	1.00	
	<b>TOTALS</b>		<b>0</b>	<b>111,643</b>		
<b>I - RECLASS EMPLOYEE VACCINES</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,138	1.00	
	<b>TOTALS</b>		<b>0</b>	<b>13,138</b>		
500.00	<b>Grand Total: Increases</b>		<b>1,807,590</b>	<b>1,165,831</b>	<b>500.00</b>	

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - RECLASS OB SALARY</b>							
1.00	ADULTS & PEDIATRICS	30.00	684,344	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
TOTALS			684,344	0			
<b>B - RECLASS FOOD SERVICE</b>							
1.00	CAFETERIA	11.00	0	771,703	0		1.00
TOTALS			0	771,703			
<b>C - RECLASS CT EXPENSE</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	72,452	58,132	0		1.00
TOTALS			72,452	58,132			
<b>D - RECLASS CRNA SALARIES</b>							
1.00	ANESTHESIOLOGY	53.00	1,050,794	143,637	0		1.00
TOTALS			1,050,794	143,637			
<b>E - RECLASS COPY MACHINE EXPENSE</b>							
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	13,672	0		1.00
TOTALS			0	13,672			
<b>F - RECLASS O2 EXPENSE</b>							
1.00	RESPIRATORY THERAPY	65.00	0	22,535	0		1.00
TOTALS			0	22,535			
<b>G - RECLASS AUTO &amp; AMBULANCE COLLISION I</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	31,371	12		1.00
2.00		0.00	0	0	12		2.00
TOTALS			0	31,371			
<b>H - RECLASS MITEL LEASE OF PHONE SERVICE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	111,643	10		1.00
TOTALS			0	111,643			
<b>I - RECLASS EMPLOYEE VACCINES</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,138	0		1.00
TOTALS			0	13,138			
500.00	Grand Total: Decreases		1,807,590	1,165,831			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/26/2017 1:06 pm

		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	111,602	0	0	0	1.00	
2.00	Land Improvements	2,874,642	572,988	0	572,988	2.00	
3.00	Buildings and Fixtures	24,552,876	18,393,223	0	18,393,223	3.00	
4.00	Building Improvements	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	5.00	
6.00	Movable Equipment	56,833,806	17,575,922	0	17,575,922	6.00	
7.00	HIT designated Assets	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	84,372,926	36,542,133	0	36,542,133	8.00	
9.00	Reconciling Items	111,602	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	84,261,324	36,542,133	0	36,542,133	10.00	
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	111,602	0			1.00	
2.00	Land Improvements	3,447,630	0			2.00	
3.00	Buildings and Fixtures	42,946,099	0			3.00	
4.00	Building Improvements	0	0			4.00	
5.00	Fixed Equipment	0	0			5.00	
6.00	Movable Equipment	73,671,644	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	120,176,975	0			8.00	
9.00	Reconciling Items	111,602	0			9.00	
10.00	Total (line 8 minus line 9)	120,065,373	0			10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/26/2017 1:06 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	0	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	5,006,698	0	0	0	0	1.01
1.02	CAP REL COSTS-HSB I	197,303	0	0	0	0	1.02
1.03	CAP REL COSTS-HSB II	541,203	0	0	0	0	1.03
1.04	CAP REL COSTS-REHAB CNT	56,426	0	0	0	0	1.04
1.05	CAP REL COSTS-DIAYSIS	0	0	0	0	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	13,968	0	0	0	0	1.06
1.07	CAP REL COSTS-MAB	68,262	0	0	0	0	1.07
1.08	CAP REL COSTS-ORTHO BLDG	55,078	0	0	0	0	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	178,893	0	0	0	0	1.10
3.00	Total (sum of lines 1-2)	6,117,831	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	0				1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	5,006,698				1.01
1.02	CAP REL COSTS-HSB I	0	197,303				1.02
1.03	CAP REL COSTS-HSB II	0	541,203				1.03
1.04	CAP REL COSTS-REHAB CNT	0	56,426				1.04
1.05	CAP REL COSTS-DIAYSIS	0	0				1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	13,968				1.06
1.07	CAP REL COSTS-MAB	0	68,262				1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	55,078				1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0				1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	178,893				1.10
3.00	Total (sum of lines 1-2)	0	6,117,831				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-7  
Part III  
Date/Time Prepared:  
11/26/2017 1:06 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	0	0	0	0.000000	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	115,148,409	0	115,148,409	0.959047	0	1.01
1.02	CAP REL COSTS-HSB I	2,455,192	0	2,455,192	0.020449	0	1.02
1.03	CAP REL COSTS-HSB II	2,016,146	0	2,016,146	0.016792	0	1.03
1.04	CAP REL COSTS-REHAB CNT	168,641	0	168,641	0.001405	0	1.04
1.05	CAP REL COSTS-DIAYSIS	1,518	0	1,518	0.000013	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	31,617	0	31,617	0.000263	0	1.06
1.07	CAP REL COSTS-MAB	228,466	0	228,466	0.001903	0	1.07
1.08	CAP REL COSTS-ORTHO BLDG	8,950	0	8,950	0.000075	0	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	4,484	0	4,484	0.000037	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	1,950	0	1,950	0.000016	0	1.10
3.00	Total (sum of lines 1-2)	120,065,373	0	120,065,373	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	5,006,616	109,035	1.01
1.02	CAP REL COSTS-HSB I	0	0	0	197,303	0	1.02
1.03	CAP REL COSTS-HSB II	0	0	0	541,203	0	1.03
1.04	CAP REL COSTS-REHAB CNT	0	0	0	56,426	0	1.04
1.05	CAP REL COSTS-DIAYSIS	0	0	0	0	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	13,968	0	1.06
1.07	CAP REL COSTS-MAB	0	0	0	68,262	0	1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	0	0	55,078	0	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	178,893	0	1.10
3.00	Total (sum of lines 1-2)	0	0	0	6,117,749	109,035	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	31,371	0	0	5,147,022	1.01
1.02	CAP REL COSTS-HSB I	0	0	-41,542	0	155,761	1.02
1.03	CAP REL COSTS-HSB II	0	0	-150,043	0	391,160	1.03
1.04	CAP REL COSTS-REHAB CNT	0	0	-3,482	0	52,944	1.04
1.05	CAP REL COSTS-DIAYSIS	0	0	0	0	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	0	13,968	1.06
1.07	CAP REL COSTS-MAB	0	0	-2,690	0	65,572	1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	0	0	0	55,078	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	-29,452	0	149,441	1.10
3.00	Total (sum of lines 1-2)	0	31,371	-227,209	0	6,030,946	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			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 - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT	1.01	0	1.01
1.02 Investment income - CAP REL COSTS-HSB I (chapter 2)			OCAP REL COSTS-HSB I	1.02	0	1.02
1.03 Investment income - CAP REL COSTS-HSB II (chapter 2)			OCAP REL COSTS-HSB II	1.03	0	1.03
1.04 Investment income - CAP REL COSTS-REHAB CNT (chapter 2)			OCAP REL COSTS-REHAB CNT	1.04	0	1.04
1.05 Investment income - CAP REL COSTS-DIAYSIS (chapter 2)			OCAP REL COSTS-DIAYSIS	1.05	0	1.05
1.06 Investment income - CAP REL COSTS-HOSPITALITY HOUSE (chapter 2)			OCAP REL COSTS-HOSPITALITY HOUSE	1.06	0	1.06
1.07 Investment income - CAP REL COSTS-MAB (chapter 2)			OCAP REL COSTS-MAB	1.07	0	1.07
1.08 Investment income - CAP REL COSTS-ORTHO BLDG (chapter 2)			OCAP REL COSTS-ORTHO BLDG	1.08	0	1.08
1.09 Investment income - CAP REL COSTS-CONVENIENCE CARE CLIN (chapter 2)			OCAP REL COSTS-CONVENIENCE CARE CLIN	1.09	0	1.09
1.10 Investment income - CAP REL COSTS-BUSHNELL OFFICE BLDG (chapter 2)			OCAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	0	1.10
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0*** Cost Center Deleted ***	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-2,458	ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-82	CAP REL COSTS-BLDG & FIXT	1.01	9	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,896,686			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests		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	B	-16	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-21,336	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	-221,484	ADMINISTRATIVE & GENERAL	5.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-8

Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.		
			Cost Center	Line #				
			1.00	2.00	3.00			4.00
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 - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.01	0	26.01
26.02	Depreciation - CAP REL COSTS-HSB I			0	CAP REL COSTS-HSB I	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-HSB II			0	CAP REL COSTS-HSB II	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-REHAB CNT			0	CAP REL COSTS-REHAB CNT	1.04	0	26.04
26.05	Depreciation - CAP REL COSTS-DIAYSIS			0	CAP REL COSTS-DIAYSIS	1.05	0	26.05
26.06	Depreciation - CAP REL COSTS-HOSPITALITY HOUSE			0	CAP REL COSTS-HOSPITALITY HOUSE	1.06	0	26.06
26.07	Depreciation - CAP REL COSTS-MAB			0	CAP REL COSTS-MAB	1.07	0	26.07
26.08	Depreciation - CAP REL COSTS-ORTHO BLDG			0	CAP REL COSTS-ORTHO BLDG	1.08	0	26.08
26.09	Depreciation - CAP REL COSTS-CONVENIENCE CARE CLIN			0	CAP REL COSTS-CONVENIENCE CARE CLIN	1.09	0	26.09
26.10	Depreciation - CAP REL COSTS-BUSHNELL OFFICE BLDG			0	CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	0	26.10
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0	*** Cost Center Deleted ***	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-1,194,431	0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00				0		0.00	0	33.00
33.01	TELEPHONE LEASE	A	-2,608	0	CAP REL COSTS-BLDG & FIXT	1.01	10	33.01
33.02				0		0.00	0	33.02
33.03				0		0.00	0	33.03
33.04	PATHOLOGIST CONSULTING REV	B	-163,260	60.00	LABORATORY	60.00	0	33.04
33.05	MISCELLANEOUS REV	B	-9,481	5.00	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06				0		0.00	0	33.06
33.07	IHHA/AHA DUES	A	-20,393	5.00	ADMINISTRATIVE & GENERAL	5.00	0	33.07
33.08				0		0.00	0	33.08
33.09				0		0.00	0	33.09
33.10				0		0.00	0	33.10
33.11				0		0.00	0	33.11
33.12	DAY HEALTH MEALS	B	-11,554	10.00	DIETARY	10.00	0	33.12
33.13				0		0.00	0	33.13
33.14	RADIOLOGY BILLING	B	-114,876	5.00	ADMINISTRATIVE & GENERAL	5.00	0	33.14
34.00	NUTRITION COUNSELING	B	1,540	10.00	DIETARY	10.00	0	34.00
34.50				0		0.00	0	34.50
35.00	KARE-A-LOT	B	-485	30.00	ADULTS & PEDIATRICS	30.00	0	35.00
35.50	CONSULTING-PT/OT	B	-16,446	66.00	PHYSICAL THERAPY	66.00	0	35.50
36.00	TELEPHONE SERVICES-SALARIES	A	-4,820	5.00	ADMINISTRATIVE & GENERAL	5.00	0	36.00
36.50	SELF INSUR EMPLOYEE HEALTH INSUR EXP	A	-4,982,112	4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36.50

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-8

Date/Time Prepared:  
11/26/2017 1:06 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
37.00		0			0.00	0	37.00
38.00	CRNA EMPLOYEE BENEFITS	-138,822	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	38.00
38.50	PHYSICIAN PART B EMPLOYEE BENEFITS	-194,168	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	38.50
39.00	ADVERTISING	-282,458	ADMINISTRATIVE & GENERAL		5.00	0	39.00
39.50		0			0.00	0	39.50
40.00	NON-ALLOWABLE PROPERTY TAX	-25,070	CAP REL COSTS-BUSHNELL OFFICE BLDG		1.10	13	40.00
40.50	NON-ALLOWABLE PROPERTY TAX	-150,043	CAP REL COSTS-HSB II		1.03	13	40.50
41.00	NON-ALLOWABLE PROPERTY TAX	-3,482	CAP REL COSTS-REHAB CNT		1.04	13	41.00
41.50	NON-ALLOWABLE PROPERTY TAX	-2,690	CAP REL COSTS-MAB		1.07	13	41.50
42.50	NON-ALLOWABLE PROPERTY TAX	-41,542	CAP REL COSTS-HSB I		1.02	13	42.50
43.50	NON-ALLOWABLE PROPERTY TAX	-4,382	CAP REL COSTS-BUSHNELL OFFICE BLDG		1.10	13	43.50
44.00		0			0.00	0	44.00
44.01		0			0.00	0	44.01
44.03		0			0.00	0	44.03
44.06		0			0.00	0	44.06
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	-11,503,645					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: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-8-2

Date/Time Prepared:  
11/26/2017 1:06 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	60.00	LABORATORY	692,086	591,622	100,464	208,000	906	1.00
2.00	53.00	ANESTHESIOLOGY	495,242	495,242	0	0	0	2.00
3.00	91.00	EMERGENCY	290,533	290,533	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	322,699	322,699	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	330,286	330,286	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	1,858,997	1,858,997	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,989,843	3,889,379	100,464		906	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	60.00	LABORATORY	90,600	4,530	10,149	1,473	7,465	1.00
2.00	53.00	ANESTHESIOLOGY	0	0	3,198	0	6,201	2.00
3.00	91.00	EMERGENCY	0	0	3,962	0	14,619	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	12,652	0	12,970	4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			90,600	4,530	29,961	1,473	41,255	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	60.00	LABORATORY	1,084	93,157	7,307	598,929	1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	495,242	2.00
3.00	91.00	EMERGENCY	0	0	0	290,533	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	322,699	4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	330,286	5.00
6.00	0.00		0	0	0	0	6.00
7.00	91.00	EMERGENCY	0	0	0	1,858,997	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			1,084	93,157	7,307	3,896,686	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
		1.00	1.01	1.02	1.03	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT	5,147,022	0	5,147,022	0	1.01
1.02 00102	CAP REL COSTS-HSB I	155,761	0	0	155,761	1.02
1.03 00103	CAP REL COSTS-HSB II	391,160	0	0	0	1.03
1.04 00104	CAP REL COSTS-REHAB CNT	52,944	0	0	0	1.04
1.05 00105	CAP REL COSTS-DIAGNOSIS	0	0	0	0	1.05
1.06 00106	CAP REL COSTS-HOSPITALITY HOUSE	13,968	0	0	0	1.06
1.07 00107	CAP REL COSTS-MAB	65,572	0	0	0	1.07
1.08 00108	CAP REL COSTS-ORTHO BLDG	55,078	0	0	0	1.08
1.09 00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	1.09
1.10 00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	149,441	0	0	0	1.10
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	7,106,567	0	50,824	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	9,602,782	0	382,599	28,119	100,236
6.00 00600	MAINTENANCE & REPAIRS	1,884,201	0	239,930	0	0
6.01 00601	MAINTENANCE & REPAIRS-HSB I	216,026	0	0	36,359	0
6.02 00602	MAINTENANCE & REPAIRS-HSB II	129,728	0	0	0	51,235
6.03 00603	MAINTENANCE & REPAIRS-REHAB CLINIC	14,184	0	0	0	0
6.04 00604	MAINTENANCE & REPAIRS-MAB	18,214	0	0	0	0
6.05 00605	MAINTENANCE & REPAIRS-ORTHO BLDG	10,637	0	0	0	0
6.06 00606	MAINTENANCE & REPAIRS-BUSHNELL	20,771	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	165,720	0	95,456	0	0
9.00 00900	HOUSEKEEPING	973,340	0	37,408	0	0
9.01 00901	HOUSEKEEPING-HSB	150,369	0	0	0	0
9.02 00902	HOUSEKEEPING-HSB II	86,548	0	0	0	0
9.03 00903	HOUSEKEEPING-ORTHO	11,479	0	0	0	0
9.04 00904	HOUSEKEEPING-MAB	8,035	0	0	0	0
10.00 01000	DIETARY	1,762,626	0	72,495	0	0
11.00 01100	CAFETERIA	-771,703	0	103,196	0	0
13.00 01300	NURSING ADMINISTRATION	343,619	0	19,091	0	0
14.00 01400	CENTRAL SERVICES & SUPPLY	449,744	0	188,848	0	0
15.00 01500	PHARMACY	3,173,581	0	32,249	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	1,017,122	0	39,988	0	0
17.00 01700	SOCIAL SERVICE	230,704	0	23,219	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00 02300	PARAMEDICAL PRGM-CLOSED FY16	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	3,100,410	0	616,595	0	0
31.00 03100	INTENSIVE CARE UNIT	692,737	0	80,493	0	0
40.00 04000	SUBPROVIDER - IPF	1,604,386	0	438,582	0	0
43.00 04300	NURSERY	300,654	0	25,541	0	0
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	2,480,486	0	981,395	0	0
51.00 05100	RECOVERY ROOM	610,915	0	67,077	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	373,522	0	43,858	0	0
53.00 05300	ANESTHESIOLOGY	143,057	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,061,604	0	280,074	0	0
57.00 05700	CT SCAN	131,445	0	17,285	0	0
58.00 05800	MRI	492,700	0	12,899	0	0
60.00 06000	LABORATORY	3,600,425	0	203,683	0	0
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	254,795	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	903,135	0	127,034	0	0
66.00 06600	PHYSICAL THERAPY	2,089,817	0	155,981	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	90,895	0	26,418	0	0
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	533,472	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	433,690	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	629,805	0	0	8,733	0
76.01 03950	DIABETES/WOUND CARE/COUMADIN CNTR	443,393	0	80,286	0	0
76.02 03951	FLU CLINIC	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	579,775	0	0	0	0
91.00 09100	EMERGENCY	2,000,112	0	414,435	0	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
		BLDG & FIXT	BLDG & FIXT	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II		
		1.00	1.01	1.02	1.03		
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500	AMBULANCE SERVICES	869,623	0	87,562	0	0	95.00
101.00 10100	HOME HEALTH AGENCY	1,360,528	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300	INTEREST EXPENSE						113.00
116.00 11600	HOSPICE	959,035	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	59,375,656	0	4,944,501	73,211	151,471	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	52,071	0	192.00
194.00 07950	DAY HEALTH	125,840	0	0	8,035	0	194.00
194.01 07962	OUTREACH	188,413	0	0	819	0	194.01
194.02 07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03 07952	FUND DEVELOPMENT	357,983	0	67,077	0	0	194.03
194.04 07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05 07954	PHYSICIAN SUPPORT	751,499	0	0	0	0	194.05
194.06 07955	HOSPITALITY HOUSE	24,420	0	0	0	0	194.06
194.07 07956	HSK DIALYSIS	11,479	0	0	0	0	194.07
194.08 07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09 07958	VISITING PHYSICIANS	36,274	0	0	0	0	194.09
194.10 07959	FARM LAND	1,119	0	0	0	0	194.10
194.11 07963	CONVENIENCE CARE CLINIC	557,669	0	19,349	0	0	194.11
194.12 07960	MMG-PHYSICIAN OFFICES	11,539,926	0	116,095	17,203	239,689	194.12
194.13 07961	VALET PARKING SERVICE	60,783	0	0	0	0	194.13
194.14 07964	PAIN MANAGEMENT JOINT VENTURE	258,018	0	0	4,422	0	194.14
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)	73,289,079	0	5,147,022	155,761	391,160	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description		CAPITAL RELATED COSTS						
		CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG		
		1.04	1.05	1.06	1.07	1.08		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT	52,944					1.04
1.05	00105	CAP REL COSTS-DIAYSIS	0	0				1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	0	13,968			1.06
1.07	00107	CAP REL COSTS-MAB	0	0	0	65,572		1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	0	55,078	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	0	27,539	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED PRGM-CLOSED FY16	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	52,944	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	9,563	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description		CAPITAL RELATED COSTS					
		CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIALYSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
		1.04	1.05	1.06	1.07	1.08	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	9,563	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	52,944	0	0	19,126	27,539 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	27,321	0 192.00
194.00	07950	DAY HEALTH	0	0	0	0	0 194.00
194.01	07962	OUTREACH	0	0	0	0	0 194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0 194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0 194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0 194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0 194.05
194.06	07955	HOSPITALITY HOUSE	0	0	13,968	0	0 194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0 194.07
194.08	07957	LEASED SALARIES	0	0	0	8,196	0 194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	10,929	0 194.09
194.10	07959	FARM LAND	0	0	0	0	0 194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0 194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	0	27,539 194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0 194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0 194.14
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)	52,944	0	13,968	65,572	55,078 202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part I Date/Time Prepared: 11/26/2017 1:06 pm
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG				
			1.09	1.10				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSI S						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	149,441				1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	7,157,391			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	921,859	11,063,134	11,063,134	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	132,965	2,257,096	397,023	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	5,669	258,054	45,392	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	4,569	185,532	32,635	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	871	15,055	2,648	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	455	18,669	3,284	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	320	10,957	1,927	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	448	21,219	3,732	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	261,176	45,941	8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,010,748	177,791	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	150,369	26,450	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	86,548	15,224	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	11,479	2,019	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	8,035	1,413	9.04
10.00	01000	DIETARY	0	0	0	1,835,121	322,798	10.00
11.00	01100	CAFETERIA	0	0	0	-668,507	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	69,280	431,990	75,987	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	58,977	697,569	122,702	14.00
15.00	01500	PHARMACY	0	0	124,016	3,329,846	585,720	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	118,966	1,176,076	206,872	16.00
17.00	01700	SOCIAL SERVICE	0	0	46,021	299,944	52,760	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	526,909	4,243,914	746,504	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	129,058	902,288	158,712	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	117,900	2,160,868	380,097	40.00
43.00	04300	NURSERY	0	0	60,741	386,936	68,062	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	244,290	3,706,171	651,915	50.00
51.00	05100	RECOVERY ROOM	0	0	106,203	784,195	137,940	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	75,462	492,842	86,691	52.00
53.00	05300	ANESTHESIOLOGY	0	0	4,838	147,895	26,015	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	261,704	2,603,382	457,935	54.00
57.00	05700	CT SCAN	0	0	14,637	163,367	28,736	57.00
58.00	05800	MRI	0	0	0	505,599	88,935	58.00
60.00	06000	LABORATORY	0	0	388,395	4,192,503	737,461	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	254,795	44,818	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	158,750	1,188,919	209,131	65.00
66.00	06600	PHYSICAL THERAPY	0	33,615	386,296	2,718,653	478,211	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	18,110	135,423	23,821	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	533,472	93,838	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	433,690	76,286	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	124,741	763,279	134,261	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	71,941	595,620	104,770	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	115,826	102,185	797,786	140,331	88.00
91.00	09100	EMERGENCY	0	0	267,950	2,682,497	471,851	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	163,676	1,120,861	197,159	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	245,659	1,615,750	284,210	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
	CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG					
	1.09	1.10	4.00				
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	113,442	1,082,040	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	149,441	5,067,303	56,672,855	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	79,392	192.00
194.00	07950	DAY HEALTH	0	0	20,760	154,635	194.00
194.01	07962	OUTREACH	0	0	30,863	220,095	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	32,194	457,254	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	21,643	773,142	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	124	38,512	194.06
194.07	07956	HSK DIALYSIS	0	0	0	11,479	194.07
194.08	07957	LEASED SALARIES	0	0	0	8,196	194.08
194.09	07958	VISITING PHYSICIANS	0	0	7,227	54,430	194.09
194.10	07959	FARM LAND	0	0	0	1,119	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	93,317	670,335	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	1,830,704	13,771,156	194.12
194.13	07961	VALET PARKING SERVICE	0	0	11,851	72,634	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	41,405	303,845	194.14
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	149,441	7,157,391	73,289,079	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
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Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
			6.00	6.01	6.02	6.03	6.04	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINIC						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	2,654,119					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	303,446				6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	218,167			6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	17,703		6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	21,953	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	56,632	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	22,194	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	43,010	0	0	0	0	10.00
11.00	01100	CAFETERIA	61,224	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	11,326	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	112,039	0	0	0	0	14.00
15.00	01500	PHARMACY	19,132	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	23,724	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	13,775	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMEDICAL PRGM-CLOSED FY16	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	365,811	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	47,754	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	260,200	0	0	0	0	40.00
43.00	04300	NURSERY	15,153	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	582,238	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	39,795	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,020	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	166,161	0	0	0	0	54.00
57.00	05700	CT SCAN	10,255	0	0	0	0	57.00
58.00	05800	MRI	7,653	0	0	0	0	58.00
60.00	06000	LABORATORY	120,840	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	75,366	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	92,539	0	0	17,703	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	15,673	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	29,030	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	47,632	0	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	245,874	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	51,948	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	3,201	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
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Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSBI	MAINTENANCE & REPAIRS-HSBI I	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
			6.00	6.01	6.02	6.03	6.04	
116.00	11600	HOSPICE	0	0	0	0	3,201	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,533,968	29,030	0	17,703	6,402	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	173,094	0	0	9,148	192.00
194.00	07950	DAY HEALTH	0	26,711	0	0	0	194.00
194.01	07962	OUTREACH	0	2,723	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	39,795	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	2,744	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	3,659	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	11,479	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	68,877	57,187	218,167	0	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	14,701	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,654,119	303,446	218,167	17,703	21,953	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period: From 07/01/2016 To 06/30/2017

Worksheet B Part I Date/Time Prepared: 11/26/2017 1:06 pm

Cost Center Description			MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHNELL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-HSB	
			6.05	6.06	8.00	9.00	9.01	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	12,884					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	24,951				6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	363,749			8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,210,733		9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	176,819	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	129,236		10.00
11.00	01100	CAFETERIA	0	0	0	0		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	4,081		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	15,572	44,212		14.00
15.00	01500	PHARMACY	0	0	0	7,482		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,401		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	4,761		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	93,049	340,094	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	15,962	20,406	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	14,770	67,339	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	75,213	98,627	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	26,527	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	28,962	31,969	0	54.00
57.00	05700	CT SCAN	0	0	0	10,203	0	57.00
58.00	05800	MRI	0	0	4,117	0	0	58.00
60.00	06000	LABORATORY	0	0	2,465	55,095	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	5,987	34,009	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,612	23,496	36,730	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	15,644	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	16,916	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	2,091	21,766	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	19,339	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	66,877	255,750	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	14,325	680	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MAINTENANCE & REPAIRS-ORTHO BLDG 6.05	MAINTENANCE & REPAIRS-BUSHN ELL 6.06	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING-HSB 9.01	
116.00	11600	HOSPICE	0	0	854	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	24,951	363,740	1,208,012	16,916	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	100,863	192.00
194.00	07950	DAY HEALTH	0	0	9	0	15,564	194.00
194.01	07962	OUTREACH	0	0	0	2,041	1,587	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	680	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	12,884	0	0	0	33,323	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	8,566	194.14
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)	12,884	24,951	363,749	1,210,733	176,819	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0089			Period: From 07/01/2016 To 06/30/2017		Worksheet B Part I Date/Time Prepared: 11/26/2017 1:06 pm	
Cost Center Description			HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA		
			9.02	9.03	9.04	10.00	11.00		
<b>GENERAL SERVICE COST CENTERS</b>									
1.00	00100	CAP REL COSTS-BLDG & FIXT							1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT							1.01
1.02	00102	CAP REL COSTS-HSB I							1.02
1.03	00103	CAP REL COSTS-HSB II							1.03
1.04	00104	CAP REL COSTS-REHAB CNT							1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS							1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE							1.06
1.07	00107	CAP REL COSTS-MAB							1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG							1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN							1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG							1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00	00500	ADMINISTRATIVE & GENERAL							5.00
6.00	00600	MAINTENANCE & REPAIRS							6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I							6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II							6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC							6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB							6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG							6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL							6.06
8.00	00800	LAUNDRY & LINEN SERVICE							8.00
9.00	00900	HOUSEKEEPING							9.00
9.01	00901	HOUSEKEEPING-HSB							9.01
9.02	00902	HOUSEKEEPING-HSB II	101,772						9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	13,498					9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	9,448				9.04
10.00	01000	DIETARY	0	0	0	2,330,165			10.00
11.00	01100	CAFETERIA	0	0	0	0	-607,283		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	0	19.00
23.00	02300	PARAMED PRGM-CLOSED FY16	0	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	1,061,480	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	203,571	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	523,469	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	1,378	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	1,378	0	0	0	116.00

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Cost Center Description		HOUSEKEEPING- HSB 11	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA	
118.00	SUBTOTALS (SUM OF LINES 1-117)	9.02	9.03	9.04	10.00	11.00	118.00
	NONREIMBURSABLE COST CENTERS	0	0	2,756	1,788,520	0	
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	3,936	0	0	192.00
194.00	07950 DAY HEALTH	0	0	0	541,645	0	194.00
194.01	07962 OUTREACH	0	0	0	0	0	194.01
194.02	07951 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952 FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954 PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955 HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956 HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957 LEASED SALARIES	0	0	1,181	0	0	194.08
194.09	07958 VISITING PHYSICIANS	0	0	1,575	0	0	194.09
194.10	07959 FARM LAND	0	0	0	0	0	194.10
194.11	07963 CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960 MMG-PHYSICIAN OFFICES	101,772	13,498	0	0	0	194.12
194.13	07961 VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964 PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	-607,283	201.00
202.00	TOTAL (sum lines 118-201)	101,772	13,498	9,448	2,330,165	-607,283	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO						9.03
9.04	00904	HOUSEKEEPING-MAB						9.04
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	523,384					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,507	996,601				14.00
15.00	01500	PHARMACY	0	7,428	3,949,608			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,957	0	1,412,030		16.00
17.00	01700	SOCIAL SERVICE	0	277	0	0	371,517	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	518,877	53,000	0	1,207,627	268,648	30.00
31.00	03100	INTENSIVE CARE UNIT	0	10,124	0	10,521	43,664	31.00
40.00	04000	SUBPROVIDER - IPF	0	3,532	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	242,712	0	0	370	50.00
51.00	05100	RECOVERY ROOM	0	16,603	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	14,649	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,090	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	151	0	0	0	58.00
60.00	06000	LABORATORY	0	241,818	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,268	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	5,408	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,832	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	169	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	110,350	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	93,798	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,949,608	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	891	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	4,819	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	2,368	0	0	0	88.00
91.00	09100	EMERGENCY	0	55,725	0	193,882	34,783	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	3,611	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	7,447	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		13.00	14.00	15.00	16.00	17.00		
116.00	11600	HOSPICE	0	3,671	0	0	370	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	523,384	912,698	3,949,608	1,412,030	347,835	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	DAY HEALTH	0	342	0	0	0	194.00
194.01	07962	OUTREACH	0	3,510	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	2,881	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	17	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	9	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	89	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	6,380	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	66,040	0	0	23,682	194.12
194.13	07961	VALET PARKING SERVICE	0	147	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	4,488	0	0	0	194.14
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)	523,384	996,601	3,949,608	1,412,030	371,517	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part I Date/Time Prepared: 11/26/2017 1:06 pm			
Cost Center	Description	NONPHYSICIAN ANESTHETISTS	PARAMED PRGM-CLOSED FY16	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		19.00	23.00	24.00	25.00	26.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
1.01	00101	CAP REL COSTS-BLDG & FIXT				1.01		
1.02	00102	CAP REL COSTS-HSB I				1.02		
1.03	00103	CAP REL COSTS-HSB II				1.03		
1.04	00104	CAP REL COSTS-REHAB CNT				1.04		
1.05	00105	CAP REL COSTS-DIAYSI S				1.05		
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE				1.06		
1.07	00107	CAP REL COSTS-MAB				1.07		
1.08	00108	CAP REL COSTS-ORTHO BLDG				1.08		
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN				1.09		
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG				1.10		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL				5.00		
6.00	00600	MAINTENANCE & REPAIRS				6.00		
6.01	00601	MAINTENANCE & REPAIRS-HSB I				6.01		
6.02	00602	MAINTENANCE & REPAIRS-HSB II				6.02		
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC				6.03		
6.04	00604	MAINTENANCE & REPAIRS-MAB				6.04		
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG				6.05		
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL				6.06		
8.00	00800	LAUNDRY & LINEN SERVICE				8.00		
9.00	00900	HOUSEKEEPING				9.00		
9.01	00901	HOUSEKEEPING-HSB				9.01		
9.02	00902	HOUSEKEEPING-HSB II				9.02		
9.03	00903	HOUSEKEEPING-ORTHO				9.03		
9.04	00904	HOUSEKEEPING-MAB				9.04		
10.00	01000	DIETARY				10.00		
11.00	01100	CAFETERIA				11.00		
13.00	01300	NURSING ADMINISTRATION				13.00		
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00		
15.00	01500	PHARMACY				15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00		
17.00	01700	SOCIAL SERVICE				17.00		
19.00	01900	NONPHYSICIAN ANESTHETISTS	0			19.00		
23.00	02300	PARAMED PRGM-CLOSED FY16		0		23.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	8,899,004	0	8,899,004	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,413,002	0	1,413,002	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	3,410,275	0	3,410,275	40.00
43.00	04300	NURSERY	0	0	470,151	0	470,151	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	5,357,246	0	5,357,246	50.00
51.00	05100	RECOVERY ROOM	0	0	1,005,060	0	1,005,060	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	605,553	0	605,553	52.00
53.00	05300	ANESTHESIOLOGY	0	0	188,559	0	188,559	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,303,499	0	3,303,499	54.00
57.00	05700	CT SCAN	0	0	212,561	0	212,561	57.00
58.00	05800	MRI	0	0	606,455	0	606,455	58.00
60.00	06000	LABORATORY	0	0	5,350,182	0	5,350,182	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	309,881	0	309,881	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,518,820	0	1,518,820	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,379,776	0	3,379,776	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	190,730	0	190,730	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	737,660	0	737,660	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	603,774	0	603,774	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,949,608	0	3,949,608	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	944,377	0	944,377	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	776,698	0	776,698	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	959,824	0	959,824	88.00
91.00	09100	EMERGENCY	0	0	4,007,239	0	4,007,239	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	1,388,584	0	1,388,584	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	1,911,986	0	1,911,986	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM-CLOSED FY16	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		19.00	23.00	24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	1,281,845	0	1,281,845
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	52,782,349	0	52,782,349
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	380,398	0	380,398
194.00	07950	DAY HEALTH	0	0	766,106	0	766,106
194.01	07962	OUTREACH	0	0	268,671	0	268,671
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	580,361	0	580,361
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	909,155	0	909,155
194.06	07955	HOSPITALITY HOUSE	0	0	45,295	0	45,295
194.07	07956	HSK DIALYSIS	0	0	13,498	0	13,498
194.08	07957	LEASED SALARIES	0	0	14,243	0	14,243
194.09	07958	VISITING PHYSICIANS	0	0	69,327	0	69,327
194.10	07959	FARM LAND	0	0	1,316	0	1,316
194.11	07963	CONVENIENCE CARE CLINIC	0	0	806,106	0	806,106
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	16,788,934	0	16,788,934
194.13	07961	VALET PARKING SERVICE	0	0	85,557	0	85,557
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	385,046	0	385,046
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	-607,283	0	-607,283
202.00		TOTAL (sum lines 118-201)	0	0	73,289,079	0	73,289,079

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/26/2017 1:06 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
		0	1.00	1.01	1.02	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02 00102	CAP REL COSTS-HSB I					1.02
1.03 00103	CAP REL COSTS-HSB II					1.03
1.04 00104	CAP REL COSTS-REHAB CNT					1.04
1.05 00105	CAP REL COSTS-DIAYSIS					1.05
1.06 00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07 00107	CAP REL COSTS-MAB					1.07
1.08 00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09 00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10 00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	50,824	0	0
5.00 00500	ADMINISTRATIVE & GENERAL	0	0	382,599	28,119	100,236
6.00 00600	MAINTENANCE & REPAIRS	0	0	239,930	0	0
6.01 00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	36,359	0
6.02 00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	51,235
6.03 00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0
6.04 00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0
6.05 00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0
6.06 00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	95,456	0	0
9.00 00900	HOUSEKEEPING	0	0	37,408	0	0
9.01 00901	HOUSEKEEPING-HSB	0	0	0	0	0
9.02 00902	HOUSEKEEPING-HSB II	0	0	0	0	0
9.03 00903	HOUSEKEEPING-ORTHO	0	0	0	0	0
9.04 00904	HOUSEKEEPING-MAB	0	0	0	0	0
10.00 01000	DIETARY	0	0	72,495	0	0
11.00 01100	CAFETERIA	0	0	103,196	0	0
13.00 01300	NURSING ADMINISTRATION	0	0	19,091	0	0
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	188,848	0	0
15.00 01500	PHARMACY	0	0	32,249	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	39,988	0	0
17.00 01700	SOCIAL SERVICE	0	0	23,219	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00 02300	PARAMED PRGM-CLOSED FY16	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	0	616,595	0	0
31.00 03100	INTENSIVE CARE UNIT	0	0	80,493	0	0
40.00 04000	SUBPROVIDER - IPF	0	0	438,582	0	0
43.00 04300	NURSERY	0	0	25,541	0	0
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	981,395	0	0
51.00 05100	RECOVERY ROOM	0	0	67,077	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	43,858	0	0
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	280,074	0	0
57.00 05700	CT SCAN	0	0	17,285	0	0
58.00 05800	MRI	0	0	12,899	0	0
60.00 06000	LABORATORY	0	0	203,683	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	0	127,034	0	0
66.00 06600	PHYSICAL THERAPY	0	0	155,981	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	26,418	0	0
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	8,733	0
76.01 03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	80,286	0	0
76.02 03951	FLU CLINIC	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
91.00 09100	EMERGENCY	0	0	414,435	0	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	0	87,562	0	0



ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/26/2017 1:06 pm
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Cost Center Description		CAPITAL RELATED COSTS						
		CAP REL COSTS-REHAB CNT	CAP REL COSTS-DI AYSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG		
		1.04	1.05	1.06	1.07	1.08		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DI AYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	0	27,539	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED PRGM-CLOSED FY16	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	52,944	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	9,563	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description		CAPITAL RELATED COSTS					
		CAP REL COSTS-REHAB CNT	CAP REL COSTS-DI AYSIS	CAP REL COSTS-HOSPI TALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
		1.04	1.05	1.06	1.07	1.08	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	9,563	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	52,944	0	0	19,126	27,539 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	27,321	0 192.00
194.00	07950	DAY HEALTH	0	0	0	0	0 194.00
194.01	07962	OUTREACH	0	0	0	0	0 194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0 194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0 194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0 194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0 194.05
194.06	07955	HOSPITALITY HOUSE	0	0	13,968	0	0 194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0 194.07
194.08	07957	LEASED SALARIES	0	0	0	8,196	0 194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	10,929	0 194.09
194.10	07959	FARM LAND	0	0	0	0	0 194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0 194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	0	27,539 194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0 194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0 194.14
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)	52,944	0	13,968	65,572	55,078 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/26/2017 1:06 pm
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
			CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG				
			1.09	1.10				
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSI S						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	50,824	50,824		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	538,493	6,548	545,041	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	239,930	944	19,560	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	36,359	40	2,236	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	51,235	32	1,608	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	6	130	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	3	162	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	2	95	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	3	184	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	95,456	0	2,263	8.00
9.00	00900	HOUSEKEEPING	0	0	37,408	0	8,759	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	1,303	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	750	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	99	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	70	9.04
10.00	01000	DIETARY	0	0	72,495	0	15,903	10.00
11.00	01100	CAFETERIA	0	0	103,196	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	19,091	492	3,744	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	188,848	419	6,045	14.00
15.00	01500	PHARMACY	0	0	32,249	881	28,856	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	39,988	845	10,192	16.00
17.00	01700	SOCIAL SERVICE	0	0	23,219	327	2,599	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED PRGM-CLOSED FY16	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	616,595	3,743	36,778	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	80,493	917	7,819	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	438,582	837	18,726	40.00
43.00	04300	NURSERY	0	0	25,541	431	3,353	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	981,395	1,735	32,118	50.00
51.00	05100	RECOVERY ROOM	0	0	67,077	754	6,796	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	43,858	536	4,271	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	34	1,282	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	280,074	1,859	22,561	54.00
57.00	05700	CT SCAN	0	0	17,285	104	1,416	57.00
58.00	05800	MRI	0	0	12,899	0	4,382	58.00
60.00	06000	LABORATORY	0	0	203,683	2,759	36,332	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	2,208	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	127,034	1,128	10,303	65.00
66.00	06600	PHYSICAL THERAPY	0	33,615	242,540	2,744	23,560	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	26,418	129	1,174	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	4,623	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,758	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	8,733	886	6,615	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	80,286	511	5,162	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	115,826	115,826	726	6,914	88.00
91.00	09100	EMERGENCY	0	0	414,435	1,903	23,247	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	87,562	1,163	9,713	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	9,563	1,745	14,002	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
	CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG				
	1.09	1.10				
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	0	9,563	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	149,441	5,418,233	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	79,392	192.00
194.00	07950	DAY HEALTH	0	0	8,035	194.00
194.01	07962	OUTREACH	0	0	819	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	67,077	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	13,968	194.06
194.07	07956	HSK DIALYSIS	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	8,196	194.08
194.09	07958	VISITING PHYSICIANS	0	0	10,929	194.09
194.10	07959	FARM LAND	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	19,349	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	400,526	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	4,422	194.14
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	149,441	6,030,946	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0089		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/26/2017 1:06 pm	
Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
			6.00	6.01	6.02	6.03	6.04	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	260,434					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	38,635				6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	52,875			6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	136		6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	165	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	5,557	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,178	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	4,220	0	0	0	0	10.00
11.00	01100	CAFETERIA	6,008	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,111	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,994	0	0	0	0	14.00
15.00	01500	PHARMACY	1,877	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,328	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,352	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMEDICAL PRGM-CLOSED FY16	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	35,895	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,686	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	25,532	0	0	0	0	40.00
43.00	04300	NURSERY	1,487	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	57,134	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	3,905	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,553	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,304	0	0	0	0	54.00
57.00	05700	CT SCAN	1,006	0	0	0	0	57.00
58.00	05800	MRI	751	0	0	0	0	58.00
60.00	06000	LABORATORY	11,857	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	7,395	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	9,080	0	0	136	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,538	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,696	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	4,674	0	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	24,126	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	5,097	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	24	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSBI	MAINTENANCE & REPAIRS-HSBI I	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
			6.00	6.01	6.02	6.03	6.04	
116.00	11600	HOSPICE	0	0	0	0	24	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	248,645	3,696	0	136	48	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	22,038	0	0	68	192.00
194.00	07950	DAY HEALTH	0	3,401	0	0	0	194.00
194.01	07962	OUTREACH	0	347	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	3,905	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	21	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	28	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	1,126	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	6,758	7,281	52,875	0	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	1,872	0	0	0	194.14
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)	260,434	38,635	52,875	136	165	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/26/2017 1:06 pm		
Cost Center Description			MAINTENANCE & REPAIRS-ORTHO BLDG 6.05	MAINTENANCE & REPAIRS-BUSHNELL 6.06	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING-HSB 9.01
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	97				6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	187			6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	103,276		8.00
9.00	00900	HOUSEKEEPING	0	0	0	48,345	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	5,160	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	163	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	4,421	1,765	14.00
15.00	01500	PHARMACY	0	0	0	299	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	136	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	190	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	0	26,416	13,581	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	4,532	815	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	4,194	2,689	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	21,355	3,938	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,059	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	8,223	1,277	54.00
57.00	05700	CT SCAN	0	0	0	407	57.00
58.00	05800	MRI	0	0	1,169	0	58.00
60.00	06000	LABORATORY	0	0	700	2,200	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,700	1,358	65.00
66.00	06600	PHYSICAL THERAPY	0	42	6,671	1,467	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	625	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	125
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	594	869	76.01
76.02	03951	FLU CLINIC	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	145	0	0	88.00
91.00	09100	EMERGENCY	0	0	18,988	10,212	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	4,067	27	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:  
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To 06/30/2017

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Cost Center Description		MAINTENANCE & REPAIRS-ORTHO BLDG 6.05	MAINTENANCE & REPAIRS-BUSHN ELL 6.06	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING-HSB 9.01		
116.00	11600	HOSPICE	0	0	243	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	187	103,273	48,237	125	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	742	192.00
194.00	07950	DAY HEALTH	0	0	3	0	115	194.00
194.01	07962	OUTREACH	0	0	0	81	12	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	27	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	97	0	0	0	246	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	63	194.14
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)	97	187	103,276	48,345	1,303	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0089			Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/26/2017 1:06 pm	
Cost Center Description			HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA		
			9.02	9.03	9.04	10.00	11.00		
<b>GENERAL SERVICE COST CENTERS</b>									
1.00	00100	CAP REL COSTS-BLDG & FIXT							1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT							1.01
1.02	00102	CAP REL COSTS-HSB I							1.02
1.03	00103	CAP REL COSTS-HSB II							1.03
1.04	00104	CAP REL COSTS-REHAB CNT							1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS							1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE							1.06
1.07	00107	CAP REL COSTS-MAB							1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG							1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN							1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG							1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00	00500	ADMINISTRATIVE & GENERAL							5.00
6.00	00600	MAINTENANCE & REPAIRS							6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I							6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II							6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC							6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB							6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG							6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL							6.06
8.00	00800	LAUNDRY & LINEN SERVICE							8.00
9.00	00900	HOUSEKEEPING							9.00
9.01	00901	HOUSEKEEPING-HSB							9.01
9.02	00902	HOUSEKEEPING-HSB II	750						9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	99					9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	70				9.04
10.00	01000	DIETARY	0	0	0	97,778			10.00
11.00	01100	CAFETERIA	0	0	0	0	109,204		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	0	19.00
23.00	02300	PARAMED PRGM-CLOSED FY16	0	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	44,542	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	8,542	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	21,966	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	10	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	0	0	10	0	0	0	116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:  
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Cost Center Description		HOUSEKEEPING- HSB 11	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA	
118.00	SUBTOTALS (SUM OF LINES 1-117)	9.02	9.03	9.04	10.00	11.00	
	NONREIMBURSABLE COST CENTERS	0	0	20	75,050	0	118.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	29	0	0	192.00
194.00	07950 DAY HEALTH	0	0	0	22,728	0	194.00
194.01	07962 OUTREACH	0	0	0	0	0	194.01
194.02	07951 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952 FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954 PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955 HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956 HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957 LEASED SALARIES	0	0	9	0	0	194.08
194.09	07958 VISITING PHYSICIANS	0	0	12	0	0	194.09
194.10	07959 FARM LAND	0	0	0	0	0	194.10
194.11	07963 CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960 MMG-PHYSICIAN OFFICES	750	99	0	0	0	194.12
194.13	07961 VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964 PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	109,204	201.00
202.00	TOTAL (sum lines 118-201)	750	99	70	97,778	109,204	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO						9.03
9.04	00904	HOUSEKEEPING-MAB						9.04
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	24,601					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	212	212,704				14.00
15.00	01500	PHARMACY	0	1,585	65,747			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	418	0	53,907		16.00
17.00	01700	SOCIAL SERVICE	0	59	0	0	27,746	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	24,389	11,312	0	46,103	20,062	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,161	0	402	3,261	31.00
40.00	04000	SUBPROVIDER - IPF	0	754	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	51,803	0	0	28	50.00
51.00	05100	RECOVERY ROOM	0	3,543	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,126	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,221	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	32	0	0	0	58.00
60.00	06000	LABORATORY	0	51,610	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,192	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,154	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,458	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	36	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,552	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	20,019	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	65,747	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	190	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	1,029	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	505	0	0	0	88.00
91.00	09100	EMERGENCY	0	11,893	0	7,402	2,598	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	771	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,589	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		13.00	14.00	15.00	16.00	17.00		
116.00	11600	HOSPICE	0	784	0	0	28	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	24,601	194,796	65,747	53,907	25,977	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	DAY HEALTH	0	73	0	0	0	194.00
194.01	07962	OUTREACH	0	749	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	615	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	4	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	2	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	19	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	1,362	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	14,095	0	0	1,769	194.12
194.13	07961	VALET PARKING SERVICE	0	31	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	958	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	24,601	212,704	65,747	53,907	27,746	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/26/2017 1:06 pm		
Cost Center Description			NONPHYSICIAN ANESTHETISTS	PARAMED PRGM-CLOSED FY16	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			19.00	23.00	24.00	25.00	26.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSI S					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL					6.06
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-HSB					9.01
9.02	00902	HOUSEKEEPING-HSB II					9.02
9.03	00903	HOUSEKEEPING-ORTHO					9.03
9.04	00904	HOUSEKEEPING-MAB					9.04
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0				19.00
23.00	02300	PARAMED PRGM-CLOSED FY16		0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS			879,416	0	879,416 30.00
31.00	03100	INTENSIVE CARE UNIT			113,628	0	113,628 31.00
40.00	04000	SUBPROVIDER - IPF			513,280	0	513,280 40.00
43.00	04300	NURSERY			30,812	0	30,812 43.00
44.00	04400	SKILLED NURSING FACILITY			0	0	0 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM			1,149,506	0	1,149,506 50.00
51.00	05100	RECOVERY ROOM			83,134	0	83,134 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			51,218	0	51,218 52.00
53.00	05300	ANESTHESIOLOGY			4,442	0	4,442 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			333,519	0	333,519 54.00
57.00	05700	CT SCAN			20,218	0	20,218 57.00
58.00	05800	MRI			19,233	0	19,233 58.00
60.00	06000	LABORATORY			309,141	0	309,141 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.			4,400	0	4,400 63.00
65.00	06500	RESPIRATORY THERAPY			150,072	0	150,072 65.00
66.00	06600	PHYSICAL THERAPY			287,698	0	287,698 66.00
67.00	06700	OCCUPATIONAL THERAPY			0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY			29,920	0	29,920 68.00
69.00	06900	ELECTROCARDIOLOGY			0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			28,175	0	28,175 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			23,777	0	23,777 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			65,747	0	65,747 73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			20,245	0	20,245 76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR			93,125	0	93,125 76.01
76.02	03951	FLU CLINIC			0	0	0 76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC			124,116	0	124,116 88.00
91.00	09100	EMERGENCY			514,804	0	514,804 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES			108,400	0	108,400 95.00
101.00	10100	HOME HEALTH AGENCY			26,933	0	26,933 101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM-CLOSED FY16	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		19.00	23.00	24.00	25.00	26.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE		20,835	0	20,835	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	5,005,794	0	5,005,794	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		102,957	0	102,957	192.00
194.00	07950	DAY HEALTH		35,842	0	35,842	194.00
194.01	07962	OUTREACH		4,134	0	4,134	194.01
194.02	07951	OCCUPATIONAL MEDICINE		0	0	0	194.02
194.03	07952	FUND DEVELOPMENT		75,789	0	75,789	194.03
194.04	07953	OUTSIDE LAUNDRY		0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT		6,858	0	6,858	194.05
194.06	07955	HOSPITALITY HOUSE		14,305	0	14,305	194.06
194.07	07956	HSK DIALYSIS		99	0	99	194.07
194.08	07957	LEASED SALARIES		8,324	0	8,324	194.08
194.09	07958	VISITING PHYSICIANS		11,511	0	11,511	194.09
194.10	07959	FARM LAND		10	0	10	194.10
194.11	07963	CONVENIENCE CARE CLINIC		28,309	0	28,309	194.11
194.12	07960	MMG-PHYSICIAN OFFICES		616,824	0	616,824	194.12
194.13	07961	VALET PARKING SERVICE		744	0	744	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE		10,242	0	10,242	194.14
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	109,204	201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	6,030,946	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)	CAP REL COSTS-REHAB CNT (PER CENT)	
		1.00	1.01	1.02	1.03	1.04	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	199,505			1.01
1.02	00102	CAP REL COSTS-HSB I	0	0	48,675		1.02
1.03	00103	CAP REL COSTS-HSB II	0	0	0	38,860	1.03
1.04	00104	CAP REL COSTS-REHAB CNT	0	0	0	0	4,300
1.05	00105	CAP REL COSTS-DIAGNOSIS	0	0	0	0	0
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	0	0
1.07	00107	CAP REL COSTS-MAB	0	0	0	0	0
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	0	0
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINIC	0	0	0	0	0
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	1,970	0	0	0
5.00	00500	ADMINISTRATIVE & GENERAL	0	14,830	8,787	9,958	0
6.00	00600	MAINTENANCE & REPAIRS	0	9,300	0	0	0
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	11,362	0	0
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	5,090	0
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,700	0	0	0
9.00	00900	HOUSEKEEPING	0	1,450	0	0	0
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0
10.00	01000	DIETARY	0	2,810	0	0	0
11.00	01100	CAFETERIA	0	4,000	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	740	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,320	0	0	0
15.00	01500	PHARMACY	0	1,250	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,550	0	0	0
17.00	01700	SOCIAL SERVICE	0	900	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	PARAMEDICAL PRGM-CLOSED FY16	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	23,900	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	3,120	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	17,000	0	0	0
43.00	04300	NURSERY	0	990	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	38,040	0	0	0
51.00	05100	RECOVERY ROOM	0	2,600	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,700	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,856	0	0	0
57.00	05700	CT SCAN	0	670	0	0	0
58.00	05800	MRI	0	500	0	0	0
60.00	06000	LABORATORY	0	7,895	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	4,924	0	0	0
66.00	06600	PHYSICAL THERAPY	0	6,046	0	0	4,300
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	1,024	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2,729	0	0
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	3,112	0	0	0
76.02	03951	FLU CLINIC	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	0	16,064	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	3,394	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)	CAP REL COSTS-REHAB CNT (PER CENT)		
		1.00	1.01	1.02	1.03	1.04		
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	191,655	22,878	15,048	4,300	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	16,272	0	0	192.00
194.00	07950	DAY HEALTH	0	0	2,511	0	0	194.00
194.01	07962	OUTREACH	0	0	256	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	2,600	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	750	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	4,500	5,376	23,812	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	1,382	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	5,147,022	155,761	391,160	52,944	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	25.798962	3.200021	10.065878	12.312558	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: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description		CAPITAL RELATED COSTS					
		CAP REL COSTS-DI AYSIS (PER CENT)	CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLIN (PER CENT)	
		1.05	1.06	1.07	1.08	1.09	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DI AYSIS	0				1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	2,160			1.06
1.07	00107	CAP REL COSTS-MAB	0	0	7,200		1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	9,172	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	4,586	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	9.04
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
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	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
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description		CAPITAL RELATED COSTS						
		CAP REL COSTS-DIAGNOSIS (PER CENT)	CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLIN (PER CENT)		
		1.05	1.06	1.07	1.08	1.09		
101.00	10100	HOME HEALTH AGENCY	0	0	1,050	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	1,050	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	2,100	4,586	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	3,000	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	2,160	0	0	0	194.06
194.07	07956	HEMODYNAMICS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	900	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	1,200	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	4,586	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	13,968	65,572	55,078	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	6.466667	9.107222	6.005015	0.000000	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: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1  
Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconci liatio n	ADMI NI STRATI V E & GENERAL (ACCU M. COST)	MAI NTENANCE & REPAI RS (SQUARE FEET)	
	BUSHNELL OFFICE BLDG (SQUARE FEET)					
	1. 10	4. 00	5A	5. 00	6. 00	
<b>GENERAL SERVICE COST CENTERS</b>						
1. 00 00100	CAP REL COSTS-BLDG & FIXT					1. 00
1. 01 00101	CAP REL COSTS-BLDG & FIXT					1. 01
1. 02 00102	CAP REL COSTS-HSB I					1. 02
1. 03 00103	CAP REL COSTS-HSB II					1. 03
1. 04 00104	CAP REL COSTS-REHAB CNT					1. 04
1. 05 00105	CAP REL COSTS-DI AYSI S					1. 05
1. 06 00106	CAP REL COSTS-HOSPITALI TY HOUSE					1. 06
1. 07 00107	CAP REL COSTS-MAB					1. 07
1. 08 00108	CAP REL COSTS-ORTHO BLDG					1. 08
1. 09 00109	CAP REL COSTS-CONVENI ENCE CARE CLIN					1. 09
1. 10 00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	5, 806				1. 10
4. 00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	35, 427, 773			4. 00
5. 00 00500	ADMINI STRATI VE & GENERAL	0	4, 563, 024	-11, 063, 134	62, 894, 452	5. 00
6. 00 00600	MAI NTENANCE & REPAI RS	0	658, 151	0	2, 257, 096	173, 405 6. 00
6. 01 00601	MAI NTENANCE & REPAI RS-HSB I	0	28, 058	0	258, 054	0 6. 01
6. 02 00602	MAI NTENANCE & REPAI RS-HSB II	0	22, 617	0	185, 532	0 6. 02
6. 03 00603	MAI NTENANCE & REPAI RS-REHAB CLINI C	0	4, 310	0	15, 055	0 6. 03
6. 04 00604	MAI NTENANCE & REPAI RS-MAB	0	2, 252	0	18, 669	0 6. 04
6. 05 00605	MAI NTENANCE & REPAI RS-ORTHO BLDG	0	1, 583	0	10, 957	0 6. 05
6. 06 00606	MAI NTENANCE & REPAI RS-BUSHNELL	0	2, 218	0	21, 219	0 6. 06
8. 00 00800	LAUNDRY & LI NEN SERVI CE	0	0	0	261, 176	3, 700 8. 00
9. 00 00900	HOUSEKEEPI NG	0	0	0	1, 010, 748	1, 450 9. 00
9. 01 00901	HOUSEKEEPI NG-HSB	0	0	0	150, 369	0 9. 01
9. 02 00902	HOUSEKEEPI NG-HSB II	0	0	0	86, 548	0 9. 02
9. 03 00903	HOUSEKEEPI NG-ORTHO	0	0	0	11, 479	0 9. 03
9. 04 00904	HOUSEKEEPI NG-MAB	0	0	0	8, 035	0 9. 04
10. 00 01000	DI ETARY	0	0	0	1, 835, 121	2, 810 10. 00
11. 00 01100	CAFETERI A	0	0	668, 507	0	4, 000 11. 00
13. 00 01300	NURSI NG ADMINI STRATI ON	0	342, 925	0	431, 990	740 13. 00
14. 00 01400	CENTRAL SERVI CES & SUPPLY	0	291, 927	0	697, 569	7, 320 14. 00
15. 00 01500	PHARMACY	0	613, 855	0	3, 329, 846	1, 250 15. 00
16. 00 01600	MEDI CAL RECORDS & LIBRARY	0	588, 857	0	1, 176, 076	1, 550 16. 00
17. 00 01700	SOCI AL SERVI CE	0	227, 796	0	299, 944	900 17. 00
19. 00 01900	NONPHYSI CI AN ANESTHETI STS	0	0	0	0	0 19. 00
23. 00 02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0 23. 00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30. 00 03000	ADULTS & PEDI ATRI CS	0	2, 608, 100	0	4, 243, 914	23, 900 30. 00
31. 00 03100	INTENSI VE CARE UNI T	0	638, 812	0	902, 288	3, 120 31. 00
40. 00 04000	SUBPROVI DER - I PF	0	583, 584	0	2, 160, 868	17, 000 40. 00
43. 00 04300	NURSERY	0	300, 654	0	386, 936	990 43. 00
44. 00 04400	SKI LLED NURSI NG FACILI TY	0	0	0	0	0 44. 00
<b>ANCI LLARY SERVI CE COST CENTERS</b>						
50. 00 05000	OPERATI NG ROOM	0	1, 209, 191	0	3, 706, 171	38, 040 50. 00
51. 00 05100	RECOVERY ROOM	0	525, 685	0	784, 195	2, 600 51. 00
52. 00 05200	DELI VERY ROOM & LABOR ROOM	0	373, 522	0	492, 842	1, 700 52. 00
53. 00 05300	ANESTHESI OLOGY	0	23, 945	0	147, 895	0 53. 00
54. 00 05400	RADI OLOGY-DI AGNOSTI C	0	1, 295, 385	0	2, 603, 382	10, 856 54. 00
57. 00 05700	CT SCAN	0	72, 452	0	163, 367	670 57. 00
58. 00 05800	MRI	0	0	0	505, 599	500 58. 00
60. 00 06000	LABORATORY	0	1, 922, 480	0	4, 192, 503	7, 895 60. 00
63. 00 06300	BLOOD STORI NG, PROCESSI NG & TRANS.	0	0	0	254, 795	0 63. 00
65. 00 06500	RESPI RATORY THERAPY	0	785, 780	0	1, 188, 919	4, 924 65. 00
66. 00 06600	PHYSI CAL THERAPY	1, 306	1, 912, 089	0	2, 718, 653	6, 046 66. 00
67. 00 06700	OCCUPATI ONAL THERAPY	0	0	0	0	0 67. 00
68. 00 06800	SPEECH PATHOLOGY	0	89, 641	0	135, 423	1, 024 68. 00
69. 00 06900	ELECTROCARDI OLOGY	0	0	0	0	0 69. 00
70. 00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70. 00
71. 00 07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENT	0	0	0	533, 472	0 71. 00
72. 00 07200	IMPL. DEV. CHARGED TO PATI ENTS	0	0	0	433, 690	0 72. 00
73. 00 07300	DRUGS CHARGED TO PATI ENTS	0	0	0	0	0 73. 00
76. 00 03550	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	617, 443	0	763, 279	0 76. 00
76. 01 03950	DI ABETES/WOUND CARE/COUMADI N CNTR	0	356, 095	0	595, 620	3, 112 76. 01
76. 02 03951	FLU CLINI C	0	0	0	0	0 76. 02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88. 00 08800	RURAL HEALTH CLINI C	4, 500	505, 798	0	797, 786	0 88. 00
91. 00 09100	EMERGENCY	0	1, 326, 302	0	2, 682, 497	16, 064 91. 00
92. 00 09200	OBSERVATI ON BEDS (NON-DI STI NCT PART					92. 00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

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Cost Center Description		CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconci liatio n	ADMI NI STRATI V E & GENERAL (ACCUM. COST)	MAI NTENANCE & REPAI RS (SQUARE FEET)		
		BUSHNELL OFFICE BLDG (SQUARE FEET)						
		1. 10	4. 00	5A	5. 00	6. 00		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	810,165	0	1,120,861	3,394	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,215,964	0	1,615,750	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	561,516	0	1,082,040	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,806	25,082,176	-10,394,627	46,278,228	165,555	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	79,392	0	192.00
194.00	07950	DAY HEALTH	0	102,759	0	154,635	0	194.00
194.01	07962	OUTREACH	0	152,764	0	220,095	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	159,352	0	457,254	2,600	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	107,128	0	773,142	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	614	0	38,512	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	11,479	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	8,196	0	194.08
194.09	07958	VISITING PHYSICIANS	0	35,772	0	54,430	0	194.09
194.10	07959	FARM LAND	0	0	0	1,119	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	461,902	0	670,335	750	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	9,061,697	0	13,771,156	4,500	194.12
194.13	07961	VALET PARKING SERVICE	0	58,660	0	72,634	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	204,949	0	303,845	0	194.14
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)	149,441	7,157,391		11,063,134	2,654,119	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.739063	0.202028		0.175900	15.305897	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		50,824		545,041	260,434	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.001435		0.008666	1.501883	205.00

COST ALLOCATION - STATISTICAL BASIS

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To 06/30/2017

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Cost Center Description		MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	
		6.01	6.02	6.03	6.04	6.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.04	00104						1.04
1.05	00105						1.05
1.06	00106						1.06
1.07	00107						1.07
1.08	00108						1.08
1.09	00109						1.09
1.10	00110						1.10
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
6.01	00601	28,526					6.01
6.02	00602	0	23,812				6.02
6.03	00603	0	0	4,300			6.03
6.04	00604	0	0	0	7,200		6.04
6.05	00605	0	0	0	0	4,586	6.05
6.06	00606	0	0	0	0	0	6.06
8.00	00800	0	0	0	0	0	8.00
9.00	00900	0	0	0	0	0	9.00
9.01	00901	0	0	0	0	0	9.01
9.02	00902	0	0	0	0	0	9.02
9.03	00903	0	0	0	0	0	9.03
9.04	00904	0	0	0	0	0	9.04
10.00	01000	0	0	0	0	0	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	0	0	0	0	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	0	0	0	0	30.00
31.00	03100	0	0	0	0	0	31.00
40.00	04000	0	0	0	0	0	40.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	0	0	0	0	54.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
60.00	06000	0	0	0	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	4,300	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03550	2,729	0	0	0	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.02	03951	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	0	0	0	95.00
101.00	10100	0	0	0	1,050	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

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Cost Center Description		MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	
		6.01	6.02	6.03	6.04	6.05	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	1,050	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,729	0	4,300	2,100	0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16,272	0	0	3,000	0 192.00
194.00	07950	DAY HEALTH	2,511	0	0	0	0 194.00
194.01	07962	OUTREACH	256	0	0	0	0 194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0 194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0 194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0 194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0 194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0 194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0 194.07
194.08	07957	LEASED SALARIES	0	0	0	900	0 194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	1,200	0 194.09
194.10	07959	FARM LAND	0	0	0	0	0 194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0 194.11
194.12	07960	MMG-PHYSICIAN OFFICES	5,376	23,812	0	0	4,586 194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0 194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	1,382	0	0	0	0 194.14
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)	303,446	218,167	17,703	21,953	12,884 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.637524	9.162061	4.116977	3.049028	2.809420 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	38,635	52,875	136	165	97 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.354378	2.220519	0.031628	0.022917	0.021151 205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet B-1 Date/Time Prepared: 11/26/2017 1:06 pm			
Cost Center	Description	MAINTENANCE & REPAIRS-BUSHNELL (SQUARE FEET) 6.06	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN) 8.00	HOUSEKEEPING (TIME SPENT) 9.00	HOUSEKEEPING-HSB (SQUARE FEET) 9.01	HOUSEKEEPING-HSB II (SQUARE FEET) 9.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	5,806				6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	289,119			8.00
9.00	00900	HOUSEKEEPING	0	0	1,780		9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	28,526	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	23,812
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	190	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	6	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	12,377	65	0	14.00
15.00	01500	PHARMACY	0	0	11	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	5	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	7	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	73,958	500	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	12,687	30	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	11,740	99	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	59,782	145	0	50.00
51.00	05100	RECOVERY ROOM	0	0	39	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	23,020	47	0	54.00
57.00	05700	CT SCAN	0	0	15	0	57.00
58.00	05800	MRI	0	3,272	0	0	58.00
60.00	06000	LABORATORY	0	1,959	81	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,759	50	0	65.00
66.00	06600	PHYSICAL THERAPY	1,306	18,675	54	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	23	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	2,729	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	1,662	32	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	4,500	0	0	0	88.00
91.00	09100	EMERGENCY	0	53,156	376	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	11,386	1	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description		MAINTENANCE & REPAIRS-BUSHNELL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING-HSB (SQUARE FEET)	HOUSEKEEPING-HSB II (SQUARE FEET)	
		6.06	8.00	9.00	9.01	9.02	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	679	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,806	289,112	1,776	2,729	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	16,272	192.00
194.00	07950	DAY HEALTH	0	7	0	2,511	194.00
194.01	07962	OUTREACH	0	0	3	256	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	1	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	5,376	23,812 194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	1,382	194.14
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)	24,951	363,749	1,210,733	176,819	101,772 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.297451	1.258129	680.187079	6.198521	4.273980 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	187	103,276	48,345	1,303	750 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.032208	0.357209	27.160112	0.045678	0.031497 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description			HOUSEKEEPING- ORTHO (SQUARE FEET)	HOUSEKEEPING- MAB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSIN)	
			9.03	9.04	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSI S						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO	4,586					9.03
9.04	00904	HOUSEKEEPING-MAB	0	7,200				9.04
10.00	01000	DIETARY	0	0	1,282			10.00
11.00	01100	CAFETERIA	0	0	0	47,906		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	405	1,974	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	902	17	14.00
15.00	01500	PHARMACY	0	0	0	721	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,671	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	363	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	470	0	19.00
23.00	02300	PARAMED PRGM-CLOSED FY16	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	584	4,753	1,957	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	112	982	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	288	1,763	0	40.00
43.00	04300	NURSERY	0	0	0	449	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	1,931	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	864	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	557	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	139	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	2,066	0	54.00
57.00	05700	CT SCAN	0	0	0	142	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	3,524	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,261	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,877	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	127	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,252	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	568	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	746	0	88.00
91.00	09100	EMERGENCY	0	0	0	2,523	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	2,119	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,050	0	1,752	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		HOUSEKEEPING- ORTHO (SQUARE FEET)	HOUSEKEEPING- MAB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSIN)	
		9.03	9.04	10.00	11.00	13.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	1,050	0	688	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	2,100	984	35,615	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,000	0	0	192.00
194.00	07950	DAY HEALTH	0	0	298	237	194.00
194.01	07962	OUTREACH	0	0	0	347	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	302	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	100	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	900	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	1,200	0	45	194.09
194.10	07959	FARM LAND	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	803	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	4,586	0	0	9,845	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	248	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	364	194.14
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)	13,498	9,448	2,330,165	-607,283	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.943306	1.312222	1,817.601404	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	99	70	97,778	109,204	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.021587	0.009722	76.269891	2.279547	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			14.00	15.00	16.00	17.00	19.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSI S						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO						9.03
9.04	00904	HOUSEKEEPING-MAB						9.04
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	4,607,924					14.00
15.00	01500	PHARMACY	34,343	100				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,050	0	1,879			16.00
17.00	01700	SOCIAL SERVICE	1,279	0	0	1,004		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED PRGM-CLOSED FY16	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	245,053	0	1,607	726	0	30.00
31.00	03100	INTENSIVE CARE UNIT	46,809	0	14	118	0	31.00
40.00	04000	SUBPROVIDER - IPF	16,332	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,122,212	0	0	1	0	50.00
51.00	05100	RECOVERY ROOM	76,764	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	67,730	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,772	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	700	0	0	0	0	58.00
60.00	06000	LABORATORY	1,118,078	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	47,477	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	25,005	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	31,589	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	782	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	510,216	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	433,690	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,118	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	22,283	0	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	10,948	0	0	0	0	88.00
91.00	09100	EMERGENCY	257,653	0	258	94	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	16,695	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	34,433	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

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)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	19.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	16,974	0	0	1	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,219,985	100	1,879	940	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00	07950	DAY HEALTH	1,581	0	0	0	0 194.00
194.01	07962	OUTREACH	16,231	0	0	0	0 194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0 194.02
194.03	07952	FUND DEVELOPMENT	13,320	0	0	0	0 194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0 194.04
194.05	07954	PHYSICIAN SUPPORT	80	0	0	0	0 194.05
194.06	07955	HOSPITALITY HOUSE	42	0	0	0	0 194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0 194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0 194.08
194.09	07958	VISITING PHYSICIANS	410	0	0	0	0 194.09
194.10	07959	FARM LAND	0	0	0	0	0 194.10
194.11	07963	CONVENIENCE CARE CLINIC	29,500	0	0	0	0 194.11
194.12	07960	MMG-PHYSICIAN OFFICES	305,345	0	0	64	0 194.12
194.13	07961	VALET PARKING SERVICE	681	0	0	0	0 194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	20,749	0	0	0	0 194.14
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)	996,601	3,949,608	1,412,030	371,517	0 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.216280	39,496.080000	751.479510	370.036853	0.000000 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	212,704	65,747	53,907	27,746	0 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.046160	657.470000	28.689196	27.635458	0.000000 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1  
Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description		PARAMED PRGM-CLOSED FY16 (ASSIGNED TIME)	
		23.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	1.01
1.02	00102	CAP REL COSTS-HSB I	1.02
1.03	00103	CAP REL COSTS-HSB II	1.03
1.04	00104	CAP REL COSTS-REHAB CNT	1.04
1.05	00105	CAP REL COSTS-DIAYSIS	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	1.06
1.07	00107	CAP REL COSTS-MAB	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
9.01	00901	HOUSEKEEPING-HSB	9.01
9.02	00902	HOUSEKEEPING-HSB II	9.02
9.03	00903	HOUSEKEEPING-ORTHO	9.03
9.04	00904	HOUSEKEEPING-MAB	9.04
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
23.00	02300	PARAMED PRGM-CLOSED FY16	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
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
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	76.01
76.02	03951	FLU CLINIC	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800	RURAL HEALTH CLINIC	88.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500	AMBULANCE SERVICES	95.00
101.00	10100	HOME HEALTH AGENCY	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description		PARAMED ED PRGM-CLOSED FY16 (ASSIGNED TIME)	
		23.00	
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	DAY HEALTH	194.00
194.01	07962	OUTREACH	194.01
194.02	07951	OCCUPATIONAL MEDICINE	194.02
194.03	07952	FUND DEVELOPMENT	194.03
194.04	07953	OUTSIDE LAUNDRY	194.04
194.05	07954	PHYSICIAN SUPPORT	194.05
194.06	07955	HOSPITALITY HOUSE	194.06
194.07	07956	HSK DIALYSIS	194.07
194.08	07957	LEASED SALARIES	194.08
194.09	07958	VISITING PHYSICIANS	194.09
194.10	07959	FARM LAND	194.10
194.11	07963	CONVENIENCE CARE CLINIC	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	194.12
194.13	07961	VALET PARKING SERVICE	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	194.14
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)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	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

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/26/2017 1:06 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	8,899,004		8,899,004	0	8,899,004	30.00
31.00 03100 INTENSIVE CARE UNIT	1,413,002		1,413,002	0	1,413,002	31.00
40.00 04000 SUBPROVIDER - IPF	3,410,275		3,410,275	0	3,410,275	40.00
43.00 04300 NURSERY	470,151		470,151	0	470,151	43.00
44.00 04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	5,357,246		5,357,246	0	5,357,246	50.00
51.00 05100 RECOVERY ROOM	1,005,060		1,005,060	0	1,005,060	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	605,553		605,553	0	605,553	52.00
53.00 05300 ANESTHESIOLOGY	188,559		188,559	0	188,559	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,303,499		3,303,499	0	3,303,499	54.00
57.00 05700 CT SCAN	212,561		212,561	0	212,561	57.00
58.00 05800 MRI	606,455		606,455	0	606,455	58.00
60.00 06000 LABORATORY	5,350,182		5,350,182	7,307	5,357,489	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	309,881		309,881	0	309,881	63.00
65.00 06500 RESPIRATORY THERAPY	1,518,820	0	1,518,820	0	1,518,820	65.00
66.00 06600 PHYSICAL THERAPY	3,379,776	0	3,379,776	0	3,379,776	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	190,730	0	190,730	0	190,730	68.00
69.00 06900 ELECTROCARDIOLOGY	0		0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	737,660		737,660	0	737,660	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	603,774		603,774	0	603,774	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,949,608		3,949,608	0	3,949,608	73.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	944,377		944,377	0	944,377	76.00
76.01 03950 DIABETES/WOUND CARE/COUMADIN CNTR	776,698		776,698	0	776,698	76.01
76.02 03951 FLU CLINIC	0		0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	959,824		959,824	0	959,824	88.00
91.00 09100 EMERGENCY	4,007,239		4,007,239	0	4,007,239	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	886,375		886,375		886,375	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	1,388,584		1,388,584	0	1,388,584	95.00
101.00 10100 HOME HEALTH AGENCY	1,911,986		1,911,986		1,911,986	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	1,281,845		1,281,845		1,281,845	116.00
200.00	Subtotal (see instructions)	0	53,668,724	7,307	53,676,031	200.00
201.00	Less Observation Beds		886,375		886,375	201.00
202.00	Total (see instructions)	0	52,782,349	7,307	52,789,656	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0089		Period: From 07/01/2016 To 06/30/2017		Worksheet C Part I Date/Time Prepared: 11/26/2017 1:06 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	6,471,911		6,471,911			30.00
31.00	03100	INTENSIVE CARE UNIT	1,966,918		1,966,918			31.00
40.00	04000	SUBPROVIDER - I PF	1,686,010		1,686,010			40.00
43.00	04300	NURSERY	693,818		693,818			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,409,487	11,990,075	14,399,562	0.372042	0.000000	50.00
51.00	05100	RECOVERY ROOM	580,921	5,677,248	6,258,169	0.160600	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	872,730	0	872,730	0.693861	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	421,799	2,560,593	2,982,392	0.063224	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	566,372	8,137,022	8,703,394	0.379564	0.000000	54.00
57.00	05700	CT SCAN	1,786,153	14,236,371	16,022,524	0.013266	0.000000	57.00
58.00	05800	MRI	155,014	5,098,860	5,253,874	0.115430	0.000000	58.00
60.00	06000	LABORATORY	4,654,803	25,023,310	29,678,113	0.180274	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	805,914	1,268,889	2,074,803	0.149354	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	1,499,777	5,833,223	7,333,000	0.207121	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	997,901	7,478,249	8,476,150	0.398740	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	41,427	433,580	475,007	0.401531	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,349,821	2,710,369	4,060,190	0.181681	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,559,488	872,722	2,432,210	0.248241	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,985,895	6,780,766	9,766,661	0.404397	0.000000	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,285	1,317,324	1,318,609	0.716192	0.000000	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	6,224	767,405	773,629	1.003967	0.000000	76.01
76.02	03951	FLU CLINIC	0	0	0	0.000000	0.000000	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	851,081	851,081			88.00
91.00	09100	EMERGENCY	1,400,824	16,945,296	18,346,120	0.218424	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	59,487	656,145	715,632	1.238591	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	1,172	3,083,626	3,084,798	0.450138	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,455,040	1,455,040			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,375,309	1,375,309			116.00
200.00		Subtotal (see instructions)	32,975,151	124,552,503	157,527,654			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	32,975,151	124,552,503	157,527,654			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/26/2017 1:06 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.372042		50.00
51.00	05100 RECOVERY ROOM	0.160600		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.693861		52.00
53.00	05300 ANESTHESIOLOGY	0.063224		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.379564		54.00
57.00	05700 CT SCAN	0.013266		57.00
58.00	05800 MRI	0.115430		58.00
60.00	06000 LABORATORY	0.180520		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.149354		63.00
65.00	06500 RESPIRATORY THERAPY	0.207121		65.00
66.00	06600 PHYSICAL THERAPY	0.398740		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.401531		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.181681		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.248241		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.404397		73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.716192		76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	1.003967		76.01
76.02	03951 FLU CLINIC	0.000000		76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC			88.00
91.00	09100 EMERGENCY	0.218424		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.238591		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.450138		95.00
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
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: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet C  
Part I  
Date/Time Prepared:  
11/26/2017 1:06 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	8,899,004	8,899,004	0	8,899,004	30.00
31.00	03100 INTENSIVE CARE UNIT	1,413,002	1,413,002	0	1,413,002	31.00
40.00	04000 SUBPROVIDER - IPF	3,410,275	3,410,275	0	3,410,275	40.00
43.00	04300 NURSERY	470,151	470,151	0	470,151	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	5,357,246	5,357,246	0	5,357,246	50.00
51.00	05100 RECOVERY ROOM	1,005,060	1,005,060	0	1,005,060	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	605,553	605,553	0	605,553	52.00
53.00	05300 ANESTHESIOLOGY	188,559	188,559	0	188,559	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,303,499	3,303,499	0	3,303,499	54.00
57.00	05700 CT SCAN	212,561	212,561	0	212,561	57.00
58.00	05800 MRI	606,455	606,455	0	606,455	58.00
60.00	06000 LABORATORY	5,350,182	5,350,182	7,307	5,357,489	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	309,881	309,881	0	309,881	63.00
65.00	06500 RESPIRATORY THERAPY	1,518,820	1,518,820	0	1,518,820	65.00
66.00	06600 PHYSICAL THERAPY	3,379,776	3,379,776	0	3,379,776	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	190,730	190,730	0	190,730	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	737,660	737,660	0	737,660	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	603,774	603,774	0	603,774	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,949,608	3,949,608	0	3,949,608	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	944,377	944,377	0	944,377	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	776,698	776,698	0	776,698	76.01
76.02	03951 FLU CLINIC	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	959,824	959,824	0	959,824	88.00
91.00	09100 EMERGENCY	4,007,239	4,007,239	0	4,007,239	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	886,375	886,375	0	886,375	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	1,388,584	1,388,584	0	1,388,584	95.00
101.00	10100 HOME HEALTH AGENCY	1,911,986	1,911,986	0	1,911,986	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE	1,281,845	1,281,845		1,281,845	116.00
200.00	Subtotal (see instructions)	53,668,724	53,668,724	7,307	53,676,031	200.00
201.00	Less Observation Beds	886,375	886,375		886,375	201.00
202.00	Total (see instructions)	52,782,349	52,782,349	7,307	52,789,656	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0089		Period: From 07/01/2016 To 06/30/2017		Worksheet C Part I Date/Time Prepared: 11/26/2017 1:06 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	6,471,911		6,471,911			30.00
31.00	03100	INTENSIVE CARE UNIT	1,966,918		1,966,918			31.00
40.00	04000	SUBPROVIDER - I PF	1,686,010		1,686,010			40.00
43.00	04300	NURSERY	693,818		693,818			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,409,487	11,990,075	14,399,562	0.372042	0.000000	50.00
51.00	05100	RECOVERY ROOM	580,921	5,677,248	6,258,169	0.160600	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	872,730	0	872,730	0.693861	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	421,799	2,560,593	2,982,392	0.063224	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	566,372	8,137,022	8,703,394	0.379564	0.000000	54.00
57.00	05700	CT SCAN	1,786,153	14,236,371	16,022,524	0.013266	0.000000	57.00
58.00	05800	MRI	155,014	5,098,860	5,253,874	0.115430	0.000000	58.00
60.00	06000	LABORATORY	4,654,803	25,023,310	29,678,113	0.180274	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	805,914	1,268,889	2,074,803	0.149354	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	1,499,777	5,833,223	7,333,000	0.207121	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	997,901	7,478,249	8,476,150	0.398740	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	41,427	433,580	475,007	0.401531	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,349,821	2,710,369	4,060,190	0.181681	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,559,488	872,722	2,432,210	0.248241	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,985,895	6,780,766	9,766,661	0.404397	0.000000	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,285	1,317,324	1,318,609	0.716192	0.000000	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	6,224	767,405	773,629	1.003967	0.000000	76.01
76.02	03951	FLU CLINIC	0	0	0	0.000000	0.000000	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	851,081	851,081	1.127770	0.000000	88.00
91.00	09100	EMERGENCY	1,400,824	16,945,296	18,346,120	0.218424	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	59,487	656,145	715,632	1.238591	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	1,172	3,083,626	3,084,798	0.450138	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,455,040	1,455,040			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,375,309	1,375,309			116.00
200.00		Subtotal (see instructions)	32,975,151	124,552,503	157,527,654			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	32,975,151	124,552,503	157,527,654			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet C  
Part I  
Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
40.00	04000 SUBPROVIDER - IPF				40.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.000000			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
60.00	06000 LABORATORY	0.000000			60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0.000000			76.01
76.02	03951 FLU CLINIC	0.000000			76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000			88.00
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
101.00	10100 HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300 INTEREST EXPENSE				113.00
116.00	11600 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0089		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part I Date/Time Prepared: 11/26/2017 1:06 pm		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS	
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	879,416	12,879	866,537	3,690	234.83	30.00	
31.00	INTENSIVE CARE UNIT	113,628		113,628	653	174.01	31.00	
40.00	SUBPROVIDER - IPF	513,280	0	513,280	1,378	372.48	40.00	
43.00	NURSERY	30,812		30,812	636	48.45	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
200.00	Total (lines 30-199)	1,537,136		1,524,257	6,357		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,552	364,456					30.00
31.00	INTENSIVE CARE UNIT	300	52,203					31.00
40.00	SUBPROVIDER - IPF	950	353,856					40.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (lines 30-199)	2,802	770,515					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part II Date/Time Prepared: 11/26/2017 1:06 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	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,149,506	14,399,562	0.079829	735,728	58,732	50.00
51.00	05100 RECOVERY ROOM	83,134	6,258,169	0.013284	178,260	2,368	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	51,218	872,730	0.058687	0	0	52.00
53.00	05300 ANESTHESIOLOGY	4,442	2,982,392	0.001489	110,777	165	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	333,519	8,703,394	0.038321	310,478	11,898	54.00
57.00	05700 CT SCAN	20,218	16,022,524	0.001262	939,744	1,186	57.00
58.00	05800 MRI	19,233	5,253,874	0.003661	83,270	305	58.00
60.00	06000 LABORATORY	309,141	29,678,113	0.010416	2,282,179	23,771	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	4,400	2,074,803	0.002121	274,287	582	63.00
65.00	06500 RESPIRATORY THERAPY	150,072	7,333,000	0.020465	876,260	17,933	65.00
66.00	06600 PHYSICAL THERAPY	287,698	8,476,150	0.033942	321,067	10,898	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	29,920	475,007	0.062989	25,092	1,581	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	28,175	4,060,190	0.006939	588,990	4,087	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	23,777	2,432,210	0.009776	602,524	5,890	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	65,747	9,766,661	0.006732	1,117,060	7,520	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	20,245	1,318,609	0.015353	185	3	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	93,125	773,629	0.120374	3,339	402	76.01
76.02	03951 FLU CLINIC	0	0	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	124,116	851,081	0.145833	0	0	88.00
91.00	09100 EMERGENCY	514,804	18,346,120	0.028061	770,618	21,624	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	87,593	715,632	0.122400	15,446	1,891	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	3,400,083	140,793,850		9,235,304	170,836	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0089		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part III Date/Time Prepared: 11/26/2017 1:06 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,690	0.00	1,552	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	653	0.00	300	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	1,378	0.00	950	0	0	40.00
43.00	04300	NURSERY	636	0.00	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
200.00		Total (lines 30-199)	6,357		2,802	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet D  
Part IV  
Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description		Title XVIII				Hospital	PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						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: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/26/2017 1:06 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	0	14,399,562	0.000000	0.000000		735,728	50.00
51.00	05100 RECOVERY ROOM	0	6,258,169	0.000000	0.000000		178,260	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	872,730	0.000000	0.000000		0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,982,392	0.000000	0.000000		110,777	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	8,703,394	0.000000	0.000000		310,478	54.00
57.00	05700 CT SCAN	0	16,022,524	0.000000	0.000000		939,744	57.00
58.00	05800 MRI	0	5,253,874	0.000000	0.000000		83,270	58.00
60.00	06000 LABORATORY	0	29,678,113	0.000000	0.000000		2,282,179	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,074,803	0.000000	0.000000		274,287	63.00
65.00	06500 RESPIRATORY THERAPY	0	7,333,000	0.000000	0.000000		876,260	65.00
66.00	06600 PHYSICAL THERAPY	0	8,476,150	0.000000	0.000000		321,067	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000		0	67.00
68.00	06800 SPEECH PATHOLOGY	0	475,007	0.000000	0.000000		25,092	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000		0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000		0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,060,190	0.000000	0.000000		588,990	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,432,210	0.000000	0.000000		602,524	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	9,766,661	0.000000	0.000000		1,117,060	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,318,609	0.000000	0.000000		185	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	773,629	0.000000	0.000000		3,339	76.01
76.02	03951 FLU CLINIC	0	0	0.000000	0.000000		0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800 RURAL HEALTH CLINIC	0	851,081	0.000000	0.000000		0	88.00
91.00	09100 EMERGENCY	0	18,346,120	0.000000	0.000000		770,618	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	715,632	0.000000	0.000000		15,446	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500 AMBULANCE SERVICES							95.00
200.00	Total (lines 50-199)	0	140,793,850				9,235,304	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/26/2017 1:06 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	PPS
		11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	3,371,103	0		50.00
51.00	05100 RECOVERY ROOM	0	1,494,782	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	711,324	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,865,361	0		54.00
57.00	05700 CT SCAN	0	4,709,083	0		57.00
58.00	05800 MRI	0	1,336,972	0		58.00
60.00	06000 LABORATORY	0	3,733,091	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	290,977	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	1,919,255	0		65.00
66.00	06600 PHYSICAL THERAPY	0	297,050	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	852	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	670,525	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	384,341	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,405,173	0		73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	170,277	0		76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	400,443	0		76.01
76.02	03951 FLU CLINIC	0	0	0		76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
91.00	09100 EMERGENCY	0	3,989,504	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	179,752	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	0	27,929,865	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/26/2017 1:06 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.372042	3,371,103	0	0	1,254,192	50.00
51.00	05100	RECOVERY ROOM	0.160600	1,494,782	0	0	240,062	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.693861	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.063224	711,324	0	0	44,973	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.379564	1,865,361	0	0	708,024	54.00
57.00	05700	CT SCAN	0.013266	4,709,083	0	0	62,471	57.00
58.00	05800	MRI	0.115430	1,336,972	0	0	154,327	58.00
60.00	06000	LABORATORY	0.180274	3,733,091	2,490	0	672,979	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.149354	290,977	0	0	43,459	63.00
65.00	06500	RESPIRATORY THERAPY	0.207121	1,919,255	0	0	397,518	65.00
66.00	06600	PHYSICAL THERAPY	0.398740	297,050	0	0	118,446	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.401531	852	0	0	342	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.181681	670,525	0	0	121,822	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.248241	384,341	0	0	95,409	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.404397	2,405,173	0	2,629	972,645	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.716192	170,277	0	0	121,951	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	1.003967	400,443	0	0	402,032	76.01
76.02	03951	FLU CLINIC	0.000000	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
91.00	09100	EMERGENCY	0.218424	3,989,504	0	0	871,403	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.238591	179,752	0	0	222,639	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0.450138		0			95.00
200.00		Subtotal (see instructions)		27,929,865	2,490	2,629	6,504,694	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		27,929,865	2,490	2,629	6,504,694	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/26/2017 1:06 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
60.00	06000 LABORATORY	449	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,063	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	0	76.01
76.02	03951 FLU CLINIC	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0		95.00
200.00	Subtotal (see instructions)	449	1,063	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	449	1,063	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0089 Component CCN: 14-S089		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part II Date/Time Prepared: 11/26/2017 1:06 pm	
Title XVIII				Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,149,506	14,399,562	0.079829	0	50.00
51.00	05100	RECOVERY ROOM	83,134	6,258,169	0.013284	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,218	872,730	0.058687	0	52.00
53.00	05300	ANESTHESIOLOGY	4,442	2,982,392	0.001489	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	333,519	8,703,394	0.038321	9,969	54.00
57.00	05700	CT SCAN	20,218	16,022,524	0.001262	46,615	57.00
58.00	05800	MRI	19,233	5,253,874	0.003661	7,424	58.00
60.00	06000	LABORATORY	309,141	29,678,113	0.010416	273,502	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,400	2,074,803	0.002121	0	63.00
65.00	06500	RESPIRATORY THERAPY	150,072	7,333,000	0.020465	41,815	65.00
66.00	06600	PHYSICAL THERAPY	287,698	8,476,150	0.033942	43,026	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	29,920	475,007	0.062989	2,130	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	28,175	4,060,190	0.006939	5,289	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,777	2,432,210	0.009776	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	65,747	9,766,661	0.006732	172,847	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	20,245	1,318,609	0.015353	185	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	93,125	773,629	0.120374	0	76.01
76.02	03951	FLU CLINIC	0	0	0.000000	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	124,116	851,081	0.145833	0	88.00
91.00	09100	EMERGENCY	514,804	18,346,120	0.028061	80,817	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	715,632	0.000000	6,388	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	3,312,490	140,793,850		690,007	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0089  
Component CCN: 14-S089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet D  
Part IV  
Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951 FLU CLINIC	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						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: 14-0089 Component CCN: 14-S089	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/26/2017 1:06 pm
Title XVIII		Subprovider - IPF	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	14,399,562	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	6,258,169	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	872,730	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,982,392	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	8,703,394	0.000000	0.000000	9,969	54.00
57.00	05700 CT SCAN	0	16,022,524	0.000000	0.000000	46,615	57.00
58.00	05800 MRI	0	5,253,874	0.000000	0.000000	7,424	58.00
60.00	06000 LABORATORY	0	29,678,113	0.000000	0.000000	273,502	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,074,803	0.000000	0.000000	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	7,333,000	0.000000	0.000000	41,815	65.00
66.00	06600 PHYSICAL THERAPY	0	8,476,150	0.000000	0.000000	43,026	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	475,007	0.000000	0.000000	2,130	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,060,190	0.000000	0.000000	5,289	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,432,210	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	9,766,661	0.000000	0.000000	172,847	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,318,609	0.000000	0.000000	185	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	773,629	0.000000	0.000000	0	76.01
76.02	03951 FLU CLINIC	0	0	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	851,081	0.000000	0.000000	0	88.00
91.00	09100 EMERGENCY	0	18,346,120	0.000000	0.000000	80,817	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	715,632	0.000000	0.000000	6,388	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	140,793,850			690,007	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0089 Component CCN: 14-S089	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/26/2017 1:06 pm
Title XVIII		Subprovider - IPF	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	
<b>ANCILLARY SERVICE COST CENTERS</b>					
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
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	320	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,484	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	76.01
76.02	03951 FLU CLINIC	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	2,804	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0089 Component CCN: 14-S089	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/26/2017 1:06 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)
		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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.372042	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.160600	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.693861	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.063224	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.379564	0	0	0	0	54.00
57.00 05700 CT SCAN	0.013266	0	0	0	0	57.00
58.00 05800 MRI	0.115430	0	0	0	0	58.00
60.00 06000 LABORATORY	0.180274	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.149354	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.207121	320	0	0	66	65.00
66.00 06600 PHYSICAL THERAPY	0.398740	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.401531	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.181681	2,484	0	0	451	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.248241	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.404397	0	0	0	0	73.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.716192	0	0	0	0	76.00
76.01 03950 DIABETES/WOUND CARE/COUMADIN CNTR	1.003967	0	0	0	0	76.01
76.02 03951 FLU CLINIC	0.000000	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
91.00 09100 EMERGENCY	0.218424	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1.238591	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0.450138	0	0	0	0	95.00
200.00 Subtotal (see instructions)		2,804	0	0	517	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		2,804	0	0	517	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0089 Component CCN: 14-S089	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/26/2017 1:06 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.00
76.01 03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	0	76.01
76.02 03951 FLU CLINIC	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 09500 AMBULANCE SERVICES	0	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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/26/2017 1:06 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,378	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,690	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,317	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		49	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)		361	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		35	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)		243	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,552	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)		49	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)		361	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		212.56	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		218.85	18.00
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)		8,899,004	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)		10,415	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)		79,005	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)		5,063	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)		35,842	25.00
26.00	Total swing-bed cost (see instructions)		130,325	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		8,768,679	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		8,768,679	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		2,376.34	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,688,080	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)		3,688,080	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/26/2017 1:06 pm	
Title XVIII			Hospital	PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	1,413,002	653	2,163.86	300	649,158	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)					2,121,065	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,458,303	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)					416,659	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					170,836	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					587,495	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,870,808	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)					10,415	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					79,005	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					89,420	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)					373	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,376.34	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					886,375	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0089		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/26/2017 1:06 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	879,416	8,899,004	0.098822	886,375	87,593	90.00
91.00	Nursing School cost	0	8,899,004	0.000000	886,375	0	91.00
92.00	Allied health cost	0	8,899,004	0.000000	886,375	0	92.00
93.00	All other Medical Education	0	8,899,004	0.000000	886,375	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0089 Component CCN: 14-S089	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/26/2017 1:06 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,378	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,378	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,378	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)		950	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,410,275	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)		3,410,275	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,410,275	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		2,474.80	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,351,060	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,351,060	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0089 Component CCN: 14-S089	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/26/2017 1:06 pm
				Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					177,860	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,528,920	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)					353,856	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					9,239	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					363,095	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,165,825	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					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: 14-0089 Component CCN: 14-S089		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/26/2017 1:06 pm	
		Title XVIII		Subprovider - IPF		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	513,280	3,410,275	0.150510	0	0	90.00
91.00	Nursing School cost	0	3,410,275	0.000000	0	0	91.00
92.00	Allied health cost	0	3,410,275	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,410,275	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/26/2017 1:06 pm
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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		1,869,005	30.00
31.00	03100	INTENSIVE CARE UNIT		998,575	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.372042	735,728	273,722 50.00
51.00	05100	RECOVERY ROOM	0.160600	178,260	28,629 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.693861	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.063224	110,777	7,004 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.379564	310,478	117,846 54.00
57.00	05700	CT SCAN	0.013266	939,744	12,467 57.00
58.00	05800	MRI	0.115430	83,270	9,612 58.00
60.00	06000	LABORATORY	0.180520	2,282,179	411,979 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.149354	274,287	40,966 63.00
65.00	06500	RESPIRATORY THERAPY	0.207121	876,260	181,492 65.00
66.00	06600	PHYSICAL THERAPY	0.398740	321,067	128,022 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.401531	25,092	10,075 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.181681	588,990	107,008 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.248241	602,524	149,571 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.404397	1,117,060	451,736 73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.716192	185	132 76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	1.003967	3,339	3,352 76.01
76.02	03951	FLU CLINIC	0.000000	0	0 76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
91.00	09100	EMERGENCY	0.218424	770,618	168,321 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.238591	15,446	19,131 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		9,235,304	2,121,065 200.00
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)		9,235,304	2,121,065 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0089 Component CCN: 14-S089	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/26/2017 1:06 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
40.00	04000 SUBPROVIDER - IPF		1,186,136	40.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.372042	0	50.00
51.00	05100 RECOVERY ROOM	0.160600	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.693861	0	52.00
53.00	05300 ANESTHESIOLOGY	0.063224	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.379564	9,969	54.00
57.00	05700 CT SCAN	0.013266	46,615	57.00
58.00	05800 MRI	0.115430	7,424	58.00
60.00	06000 LABORATORY	0.180520	273,502	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.149354	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.207121	41,815	65.00
66.00	06600 PHYSICAL THERAPY	0.398740	43,026	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.401531	2,130	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.181681	5,289	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.248241	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.404397	172,847	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.716192	185	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	1.003967	0	76.01
76.02	03951 FLU CLINIC	0.000000	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
91.00	09100 EMERGENCY	0.218424	80,817	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.238591	6,388	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		690,007	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)		690,007	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3
		Component CCN: 14-U089		Date/Time Prepared: 11/26/2017 1:06 pm
		Title XVIII	Swing Beds - SNF	PPS

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.372042	0	50.00
51.00	05100	RECOVERY ROOM	0.160600	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.693861	0	52.00
53.00	05300	ANESTHESIOLOGY	0.063224	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.379564	9,576	54.00
57.00	05700	CT SCAN	0.013266	7,336	57.00
58.00	05800	MRI	0.115430	0	58.00
60.00	06000	LABORATORY	0.180274	152,608	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.149354	3,066	63.00
65.00	06500	RESPIRATORY THERAPY	0.207121	24,778	65.00
66.00	06600	PHYSICAL THERAPY	0.398740	203,373	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.401531	4,992	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.181681	26,755	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.248241	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.404397	80,946	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.716192	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	1.003967	0	76.01
76.02	03951	FLU CLINIC	0.000000	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
91.00	09100	EMERGENCY	0.218424	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.238591	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		513,430	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)		513,430	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/26/2017 1:06 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		664,605	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		2,527,890	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		63,130	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		45.09	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.53	30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.03	31.00
32.00	Sum of lines 30 and 31		25.56	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.30	33.00
34.00	Disproportionate share adjustment (see instructions)		82,207	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/26/2017 1:06 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00	
35.01	Factor 3 (see instructions)	0.000033899	0.000031125	35.01	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	217,162	186,049	35.02	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	54,587	139,154	35.03	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	193,741		36.00	
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00	
		Before 1/1	On/After 1/1		
		1.00	1.01		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.01	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00	
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00	
47.00	Subtotal (see instructions)	3,531,573		47.00	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	4,157,259		48.00	
			Amount		
			1.00		
49.00	Total payment for inpatient operating costs (see instructions)		4,157,259	49.00	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		261,368	50.00	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00	
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00	
53.00	Nursing and Allied Health Managed Care payment		0	53.00	
54.00	Special add-on payments for new technologies		0	54.00	
54.01	Islet isolation add-on payment		0	54.01	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00	
59.00	Total (sum of amounts on lines 49 through 58)		4,418,627	59.00	
60.00	Primary payer payments		0	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		4,418,627	61.00	
62.00	Deductibles billed to program beneficiaries		471,072	62.00	
63.00	Coinsurance billed to program beneficiaries		2,254	63.00	
64.00	Allowable bad debts (see instructions)		49,616	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)		32,250	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		49,616	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		3,977,551	67.00	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00	
70.50	RURAL DEMONSTRATION PROJECT		0	70.50	
70.88	SCH or MDH volume decrease adjustment		0	70.88	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91	
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92	
70.93	HVBP payment adjustment amount (see instructions)		5,235	70.93	
70.94	HRR adjustment amount (see instructions)		-10,417	70.94	
70.95	Recovery of accelerated depreciation		0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/26/2017 1:06 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	2016	129,488	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	2017	485,437	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		4,587,294	71.00
71.01	Sequestration adjustment (see instructions)		91,746	71.01
72.00	Interim payments		4,556,464	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		-60,916	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)		0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>				
101.00	HVBP adjustment factor (see instructions)		0.000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/26/2017 1:06 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	664,605	0	664,605		664,605	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,527,890	0		2,527,890	2,527,890	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	63,130	0	0	63,130	63,130	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1030	0.1030	0.1030	0.1030		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	82,207	0	17,114	65,093	82,207	11.00
11.01	Uncompensated care payments	36.00	193,741	0	54,587	139,154	193,741	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	3,531,573	0	736,306	2,795,267	3,531,573	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	4,157,259	0	853,875	3,303,384	4,157,259	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	4,157,259	0	853,875	3,303,384	4,157,259	15.00
16.00	Payment for inpatient program capital	50.00	261,368	0	52,542	208,826	261,368	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/26/2017 1:06 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	906,417	3,512,210	4,418,627	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	254,378	0	52,542	201,836	254,378	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	6,990	0	0	6,990	6,990	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	0.0000	22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	0.0000	24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	261,368	0	52,542	208,826	261,368	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.142857	0.138214		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			129,488		129,488	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				485,437	485,437	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/26/2017 1:06 pm
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		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	664,605	664,605		664,605	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,527,890		2,527,890	2,527,890	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	63,130	0	63,130	63,130	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1030	0.1030	0.1030		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	82,207	17,114	65,093	82,207	11.00
11.01	Uncompensated care payments	36.00	193,741	54,587	139,154	193,741	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	3,531,573	736,306	2,795,267	3,531,573	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	4,157,259	1,263,268	4,063,825	5,327,093	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	4,157,259	1,263,268	2,893,991	4,157,259	15.00
16.00	Payment for inpatient program capital	50.00	261,368	52,542	208,826	261,368	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	<b>SUBTOTAL</b>			1,315,810	3,102,817	4,418,627	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/26/2017 1:06 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	254,378	52,542	201,836	254,378	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	6,990	0	6,990	6,990	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	261,368	52,542	208,826	261,368	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00		70.96	129,488	129,488		129,488	27.00
28.00	Low volume adjustment prior to October 1	70.96	129,488	129,488		129,488	28.00
29.00	Low volume adjustment on or after October 1	70.97	485,437		485,437	485,437	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	5,235	1,927	3,308	5,235	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-10,417	-1,064	-9,353	-10,417	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/26/2017 1:06 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		1,512	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		6,504,694	2.00
3.00	PPS payments		5,115,284	3.00
4.00	Outlier payment (see instructions)		2,562	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.822	5.00
6.00	Line 2 times line 5		5,346,858	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		95.72	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)		1,512	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		5,119	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)		5,119	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		5,119	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		3,607	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)		1,512	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)		5,117,846	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		1,076,741	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)		4,042,617	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)		4,042,617	30.00
31.00	Primary payer payments		198	31.00
32.00	Subtotal (line 30 minus line 31)		4,042,419	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		195,865	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		127,312	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		195,865	36.00
37.00	Subtotal (see instructions)		4,169,731	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)		4,169,731	40.00
40.01	Sequestration adjustment (see instructions)		83,395	40.01
41.00	Interim payments		4,069,565	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		16,771	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0089 Component CCN: 14-S089	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/26/2017 1:06 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		517	2.00
3.00	PPS payments		49	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)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	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)		49	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		10	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)		39	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)		39	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		39	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		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)		39	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)		39	40.00
40.01	Sequestration adjustment (see instructions)		1	40.01
41.00	Interim payments		39	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-1	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/26/2017 1:06 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		4,586,959		4,090,291	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	02/07/2017	15,719	02/07/2017	20,726	3.50	
3.51		06/29/2017	14,776		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)		-30,495		-20,726	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)		4,556,464		4,069,565	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		16,771	6.01	
6.02	SETTLEMENT TO PROGRAM		60,916		0	6.02	
7.00	Total Medicare program liability (see instructions)		4,495,548		4,086,336	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: 14-0089 Component CCN: 14-S089	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part I Date/Time Prepared: 11/26/2017 1:06 pm	
		Title XVIII	Subprovider - IPF	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		915,856		39
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
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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		915,856		39
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		4		0
6.02	SETTLEMENT TO PROGRAM		0		1
7.00	Total Medicare program liability (see instructions)		915,860		38
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0089 Component CCN: 14-U089		Period: From 07/01/2016 To 06/30/2017		Worksheet E-1 Part I Date/Time Prepared: 11/26/2017 1:06 pm	
		Title XVIII		Swing Beds - SNF		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		126,899		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		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)		126,899		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		0		0		6.02
7.00	Total Medicare program liability (see instructions)		126,899		0		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part II Date/Time Prepared: 11/26/2017 1:06 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		1,278	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		1,852	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		381	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		3,970	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		157,527,654	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		1,024,078	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)		286,701	8.00
9.00	Sequestration adjustment amount (see instructions)		5,734	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		280,967	10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)		259,755	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)		21,212	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet E-2	
		Component CCN: 14-U089		Date/Time Prepared: 11/26/2017 1:06 pm	
		Title XVIII	Swing Beds - SNF	PPS	
			Part A	Part B	
			1.00	2.00	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient routine services - swing bed-SNF (see instructions)		145,649	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)				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		410	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)		145,649	0	8.00
9.00	Primary payer payments (see instructions)		0	0	9.00
10.00	Subtotal (line 8 minus line 9)		145,649	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)		145,649	0	12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinurance for physician professional services)		16,160	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)		129,489	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)		129,489	0	19.00
19.01	Sequestration adjustment (see instructions)		2,590	0	19.01
20.00	Interim payments		126,899	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)		0	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: 14-0089 Component CCN: 14-S089	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part II Date/Time Prepared: 11/26/2017 1:06 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		898,604	1.00
2.00	Net IPF PPS Outlier Payments		108,943	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		3,775,342	9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$ .		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,007,547	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,007,547	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,007,547	18.00
19.00	Deductibles		72,996	19.00
20.00	Subtotal (line 18 minus line 19)		934,551	20.00
21.00	Coinsurance		0	21.00
22.00	Subtotal (line 20 minus line 21)		934,551	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		934,551	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		934,551	31.00
31.01	Sequestration adjustment (see instructions)		18,691	31.01
32.00	Interim payments		915,856	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		4	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		108,943	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

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

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet G  
Date/Time Prepared:  
11/26/2017 1:06 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	364,634	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	27,796,692	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,796,418	0	0	0	7.00
8.00	Prepaid expenses	2,617,970	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)	32,575,714	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	111,602	0	0	0	12.00
13.00	Land improvements	3,447,630	0	0	0	13.00
14.00	Accumulated depreciation	-1,849,458	0	0	0	14.00
15.00	Buildings	42,946,099	0	0	0	15.00
16.00	Accumulated depreciation	-18,384,887	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	73,671,644	0	0	0	23.00
24.00	Accumulated depreciation	-45,890,022	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	1,045,729	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	55,098,337	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	40,423,385	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	2,211,733	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	42,635,118	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	130,309,169	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	12,449,866	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	545,924	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	631,524	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	13,627,314	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	28,752,400	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)	28,752,400	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	42,379,714	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	87,929,455	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	87,929,455	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	130,309,169	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet G-1

Date/Time Prepared:  
11/26/2017 1:06 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		86,791,774		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		1,137,681				2.00
3.00	Total (sum of line 1 and line 2)		87,929,455		0		3.00
4.00		0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		87,929,455		0		11.00
12.00		0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		87,929,455		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			0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00			0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	7,893,509		7,893,509	1.00
2.00	SUBPROVIDER - IPF	1,686,010		1,686,010	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	860,582		860,582	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	10,440,101		10,440,101	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	1,966,918		1,966,918	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)	1,966,918		1,966,918	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	12,407,019		12,407,019	17.00
18.00	Ancillary services	17,801,980	99,782,017	117,583,997	18.00
19.00	Outpatient services	1,571,542	22,756,292	24,327,834	19.00
20.00	RURAL HEALTH CLINIC	0	851,081	851,081	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,455,040	1,455,040	22.00
23.00	AMBULANCE SERVICES	1,172	3,083,626	3,084,798	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	1	1,375,308	1,375,309	26.00
27.00	MCDONOUGH MEDICAL GROUP & OTHER	3,037,014	25,471,088	28,508,102	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	34,818,728	154,774,452	189,593,180	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		84,792,724		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	OTHER, NET	384,588			37.00
38.00	INTEREST EXPENSE	921,275			38.00
39.00	REVENUE IN OTHER, NET	405,535			39.00
40.00		0			40.00
41.00		0			41.00
41.01		0	0		41.01
42.00	Total deductions (sum of lines 37-41)		1,711,398		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		83,081,326		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0089

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet G-3

Date/Time Prepared:  
11/26/2017 1:06 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	189,593,180	1.00
2.00	Less contractual allowances and discounts on patients' accounts	108,804,922	2.00
3.00	Net patient revenues (line 1 minus line 2)	80,788,258	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	83,081,326	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-2,293,068	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	3,208,225	6.00
7.00	Income from investments	591,129	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 OPERATING	923,372	24.00
24.01	GRANTS & GIFTS	13,886	24.01
24.02		0	24.02
24.03		0	24.03
24.04		0	24.04
24.05		0	24.05
24.06		0	24.06
24.07		0	24.07
25.00	Total other income (sum of lines 6-24)	4,736,612	25.00
26.00	Total (line 5 plus line 25)	2,443,544	26.00
27.00	OTHER NON-OP NET	384,588	27.00
27.01	INTEREST EXPENSE	921,275	27.01
27.02		0	27.02
27.03		0	27.03
27.04		0	27.04
28.00	Total other expenses (sum of line 27 and subscripts)	1,305,863	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	1,137,681	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0089

Period: From 07/01/2016

Worksheet H

HHA CCN: 14-7293

To 06/30/2017

Date/Time Prepared: 11/26/2017 1:06 pm

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	237,692	0	0	17,119	14,335	269,146	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	581,715	0	43,959	0	25,952	651,626	6.00
7.00	219,647	0	13,468	0	0	233,115	7.00
8.00	96,952	0	5,264	0	0	102,216	8.00
9.00	31,159	0	1,038	0	0	32,197	9.00
10.00	3,355	0	0	0	0	3,355	10.00
11.00	45,444	0	5,701	0	0	51,145	11.00
12.00	0	0	0	0	17,728	17,728	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
23.50	0	0	0	0	0	0	23.50
24.00	1,215,964	0	69,430	17,119	58,015	1,360,528	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	0	269,146	0	269,146			5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	0	651,626	0	651,626			6.00
7.00	0	233,115	0	233,115			7.00
8.00	0	102,216	0	102,216			8.00
9.00	0	32,197	0	32,197			9.00
10.00	0	3,355	0	3,355			10.00
11.00	0	51,145	0	51,145			11.00
12.00	0	17,728	0	17,728			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
23.50	0	0	0	0			23.50
24.00	0	1,360,528	0	1,360,528			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 14-0089 HHA CCN: 14-7293		Period: From 07/01/2016 To 06/30/2017		Worksheet H-1 Part I Date/Time Prepared: 11/26/2017 1:06 pm	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
	0	1.00	2.00	3.00	4.00	4A.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	269,146	0	0	0	269,146	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	651,626	0	0	0	651,626	6.00
7.00	Physical Therapy	233,115	0	0	0	233,115	7.00
8.00	Occupational Therapy	102,216	0	0	0	102,216	8.00
9.00	Speech Pathology	32,197	0	0	0	32,197	9.00
10.00	Medical Social Services	3,355	0	0	0	3,355	10.00
11.00	Home Health Aide	51,145	0	0	0	51,145	11.00
12.00	Supplies (see instructions)	17,728	0	0	0	17,728	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,360,528	0	0	0	1,360,528	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	269,146					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	160,699	812,325				6.00
7.00	Physical Therapy	57,488	290,603				7.00
8.00	Occupational Therapy	25,207	127,423				8.00
9.00	Speech Pathology	7,940	40,137				9.00
10.00	Medical Social Services	827	4,182				10.00
11.00	Home Health Aide	12,613	63,758				11.00
12.00	Supplies (see instructions)	4,372	22,100				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		1,360,528				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0089

Period: From 07/01/2016

Worksheet H-1

HHA CCN: 14-7293

To 06/30/2017

Part II  
Date/Time Prepared:  
11/26/2017 1:06 pm

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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-269,146	1,091,382
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	651,626
7.00	Physical Therapy	0	0	0	0	0	233,115
8.00	Occupational Therapy	0	0	0	0	0	102,216
9.00	Speech Pathology	0	0	0	0	0	32,197
10.00	Medical Social Services	0	0	0	0	0	3,355
11.00	Home Health Aide	0	0	0	0	0	51,145
12.00	Supplies (see instructions)	0	0	0	0	0	17,728
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-269,146	1,091,382
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	269,146
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.246610

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0089

Period: From 07/01/2016

Worksheet H-2

HHA CCN: 14-7293

To 06/30/2017

Part I  
Date/Time Prepared: 11/26/2017 1:06 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS					CAP REL COSTS-REHAB CNT	
		BLDG & FIXT	BLDG & FIXT	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II			
		1.00	1.01	1.02	1.03	1.04		
1.00 Administrative and General	0	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	812,325	0	0	0	0	0	0	2.00
3.00 Physical Therapy	290,603	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	127,423	0	0	0	0	0	0	4.00
5.00 Speech Pathology	40,137	0	0	0	0	0	0	5.00
6.00 Medical Social Services	4,182	0	0	0	0	0	0	6.00
7.00 Home Health Aide	63,758	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	22,100	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	1,360,528	0	0	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00

  

Cost Center Description	CAPITAL RELATED COSTS							
	CAP REL COSTS-DIAGNOSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG		
	1.05	1.06	1.07	1.08	1.09	1.10		
1.00 Administrative and General	0	0	9,563	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	0	9,563	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0089

Period: From 07/01/2016

Worksheet H-2

HHA CCN: 14-7293

To 06/30/2017

Part I  
Date/Time Prepared:  
11/26/2017 1:06 pm

Home Health Agency I

PPS

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSBI	MAINTENANCE & REPAIRS-HSBI I	
		4.00	4A	5.00	6.00	6.01	6.02	
1.00	Administrative and General	48,020	57,583	10,129	0	0	0	1.00
2.00	Skilled Nursing Care	117,523	929,848	163,560	0	0	0	2.00
3.00	Physical Therapy	44,375	334,978	58,923	0	0	0	3.00
4.00	Occupational Therapy	19,587	147,010	25,859	0	0	0	4.00
5.00	Speech Pathology	6,295	46,432	8,167	0	0	0	5.00
6.00	Medical Social Services	678	4,860	855	0	0	0	6.00
7.00	Home Health Aide	9,181	72,939	12,830	0	0	0	7.00
8.00	Supplies (see instructions)	0	22,100	3,887	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	245,659	1,615,750	284,210	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00
Cost Center Description		MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHN ELL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		6.03	6.04	6.05	6.06	8.00	9.00	
1.00	Administrative and General	0	3,201	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	3,201	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 14-0089 HHA CCN: 14-7293		Period: From 07/01/2016 To 06/30/2017		Worksheet H-2 Part I Date/Time Prepared: 11/26/2017 1:06 pm		
Cost Center Description		HOUSEKEEPING- HSB	HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA	
		9.01	9.02	9.03	9.04	10.00	11.00	
1.00	Administrative and General	0	0	0	1,378	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	1,378	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	7,447	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	7,447	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.  
 (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0089

Period: From 07/01/2016

Worksheet H-2

HHA CCN: 14-7293

To 06/30/2017

Part I  
Date/Time Prepared:  
11/26/2017 1:06 pm

Home Health Agency I

PPS

Cost Center Description	PARAMED ED PRGM-CLOSED FY16	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	23.00	24.00	25.00	26.00	27.00	28.00	
1.00 Administrative and General	0	72,291	0	72,291			1.00
2.00 Skilled Nursing Care	0	1,100,855	0	1,100,855	43,259	1,144,114	2.00
3.00 Physical Therapy	0	393,901	0	393,901	15,478	409,379	3.00
4.00 Occupational Therapy	0	172,869	0	172,869	6,793	179,662	4.00
5.00 Speech Pathology	0	54,599	0	54,599	2,145	56,744	5.00
6.00 Medical Social Services	0	5,715	0	5,715	225	5,940	6.00
7.00 Home Health Aide	0	85,769	0	85,769	3,370	89,139	7.00
8.00 Supplies (see instructions)	0	25,987	0	25,987	1,021	27,008	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	1,911,986	0	1,911,986	72,291	1,911,986	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.039295		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 14-0089 HHA CCN: 14-7293	Period: From 07/01/2016 To 06/30/2017	Worksheet H-2 Part II Date/Time Prepared: 11/26/2017 1:06 pm
		Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS						CAP REL COSTS-DI AYSI S (PER CENT)	
	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)	CAP REL COSTS-REHAB CNT (PER CENT)			
	1.00	1.01	1.02	1.03	1.04	1.05		
1.00 Administrative and General	0	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

Cost Center Description	CAPITAL RELATED COSTS						EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
	CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLIN (PER CENT)	BUSHNELL OFFICE BLDG (SQUARE FEET)			
	1.06	1.07	1.08	1.09	1.10	4.00		
1.00 Administrative and General	0	1,050	0	0	0	0	237,692	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	581,715	2.00
3.00 Physical Therapy	0	0	0	0	0	0	219,647	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	96,952	4.00
5.00 Speech Pathology	0	0	0	0	0	0	31,159	5.00
6.00 Medical Social Services	0	0	0	0	0	0	3,355	6.00
7.00 Home Health Aide	0	0	0	0	0	0	45,444	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	1,050	0	0	0	0	1,215,964	20.00
21.00 Total cost to be allocated	0	9,563	0	0	0	0	245,659	21.00
22.00 Unit cost multiplier	0.000000	9.107619	0.000000	0.000000	0.000000	0.000000	0.202028	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS  
 Provider CCN: 14-0089  
 HHA CCN: 14-7293  
 Period: From 07/01/2016 To 06/30/2017  
 Worksheet H-2 Part II  
 Date/Time Prepared: 11/26/2017 1:06 pm

						Home Health Agency I		PPS	
Cost Center Description		Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)		
		5A	5.00	6.00	6.01	6.02	6.03		
1.00	Administrative and General	0	57,583	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	929,848	0	0	0	0	0	2.00
3.00	Physical Therapy	0	334,978	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	147,010	0	0	0	0	0	4.00
5.00	Speech Pathology	0	46,432	0	0	0	0	0	5.00
6.00	Medical Social Services	0	4,860	0	0	0	0	0	6.00
7.00	Home Health Aide	0	72,939	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	22,100	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
19.50	Tel emedicine	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)		1,615,750	0	0	0	0	0	20.00
21.00	Total cost to be allocated		284,210	0	0	0	0	0	21.00
22.00	Unit cost multiplier		0.175900	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	MAINTENANCE & REPAIRS-BUSHNELL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING-HSB (SQUARE FEET)		
		6.04	6.05	6.06	8.00	9.00	9.01		
1.00	Administrative and General	1,050	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
19.50	Tel emedicine	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	1,050	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	3,201	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	3.048571	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 14-0089 HHA CCN: 14-7293	Period: From 07/01/2016 To 06/30/2017	Worksheet H-2 Part II Date/Time Prepared: 11/26/2017 1:06 pm
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		Home Health Agency I		PPS			
Cost Center Description	HOUSEKEEPING-HSB II (SQUARE FEET)	HOUSEKEEPING-ORTHO (SQUARE FEET)	HOUSEKEEPING-MAB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSIN)	
	9.02	9.03	9.04	10.00	11.00	13.00	
1.00 Administrative and General	0	0	1,050	0	1,752	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	1,050	0	1,752	0	20.00
21.00 Total cost to be allocated	0	0	1,378	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	1.312381	0.000000	0.000000	0.000000	22.00
Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMEDICAL PRGM-CLOSED FY16 (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00	19.00	23.00	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	34,433	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	34,433	0	0	0	0	0	20.00
21.00 Total cost to be allocated	7,447	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.216275	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet H-3 Part I Date/Time Prepared: 11/26/2017 1:06 pm
		HHA CCN: 14-7293		

Title XVIII			Home Health Agency I	PPS
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Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,144,114		1,144,114	5,359	213.49	1.00
2.00	Physical Therapy	3.00	409,379	0	409,379	1,638	249.93	2.00
3.00	Occupational Therapy	4.00	179,662	0	179,662	810	221.80	3.00
4.00	Speech Pathology	5.00	56,744	0	56,744	170	333.79	4.00
5.00	Medical Social Services	6.00	5,940		5,940	14	424.29	5.00
6.00	Home Health Aide	7.00	89,139		89,139	594	150.07	6.00
7.00	Total (sum of lines 1-6)		1,884,978	0	1,884,978	8,585		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Program Visits		Ratio (col. 3 ÷ col. 4)	
			Part A	Part B		
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles
0	1.00	2.00	3.00	4.00	5.00	

Limitation Cost Computation						
8.00	Skilled Nursing Care		99914	0	1,549	8.00
9.00	Physical Therapy		99914	0	557	9.00
10.00	Occupational Therapy		99914	0	296	10.00
11.00	Speech Pathology		99914	0	26	11.00
12.00	Medical Social Services		99914	0	8	12.00
13.00	Home Health Aide		99914	0	131	13.00
14.00	Total (sum of lines 8-13)			0	2,567	14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	27,008	0	27,008	30,740	0.878595	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	1,549		0	330,696	1.00
2.00	Physical Therapy	0	557		0	139,211	2.00
3.00	Occupational Therapy	0	296		0	65,653	3.00
4.00	Speech Pathology	0	26		0	8,679	4.00
5.00	Medical Social Services	0	8		0	3,394	5.00
6.00	Home Health Aide	0	131		0	19,659	6.00
7.00	Total (sum of lines 1-6)	0	2,567		0	567,292	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 14-0089 HHA CCN: 14-7293		Period: From 07/01/2016 To 06/30/2017		Worksheet H-3 Part I Date/Time Prepared: 11/26/2017 1:06 pm	
			Title XVIII		Home Health Agency I		PPS	
Cost Center Description			6.00	7.00	8.00	9.00	10.00	11.00
<b>Limitation Cost Computation</b>								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00
<b>Program Covered Charges</b>			<b>Cost of Services</b>					
Cost Center Description	Part A	Part B		Part A	Part B		Subject to Deductibles & Coinsurance	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance			
		6.00	7.00		8.00	9.00		
<b>Supplies and Drugs Cost Computations</b>								
15.00	Cost of Medical Supplies	0	17,697	0	0	15,548	0	15.00
16.00	Cost of Drugs		43	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)						
		12.00						
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>								
<b>Cost Per Visit Computation</b>								
1.00	Skilled Nursing Care	330,696						1.00
2.00	Physical Therapy	139,211						2.00
3.00	Occupational Therapy	65,653						3.00
4.00	Speech Pathology	8,679						4.00
5.00	Medical Social Services	3,394						5.00
6.00	Home Health Aide	19,659						6.00
7.00	Total (sum of lines 1-6)	567,292						7.00
Cost Center Description								
		12.00						
<b>Limitation Cost Computation</b>								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0089 HHA CCN: 14-7293	Period: From 07/01/2016 To 06/30/2017	Worksheet H-3 Part II Date/Time Prepared: 11/26/2017 1:06 pm
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00	Physical Therapy	66.00	0.398740	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.000000	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.401531	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.181681	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.404397	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0089 HHA CCN: 14-7293	Period: From 07/01/2016 To 06/30/2017	Worksheet H-4 Part I-II Date/Time Prepared: 11/26/2017 1:06 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	43	0
<b>Customary Charges</b>				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount 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(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	43	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	43	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	348,806
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	25,553
13.00	Total PPS Reimbursement - LUPA Episodes		0	5,886
14.00	Total PPS Reimbursement - PEP Episodes		0	1,102
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	5,958
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	387,305
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	387,305
25.00	Coinurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	387,305
27.00	Reimbursable bad debts (from your records)			
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	387,305
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	387,305
31.01	Sequestration adjustment (see instructions)		0	7,746
32.00	Interim payments (see instructions)		0	379,600
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	-41
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 14-0089 HHA CCN: 14-7293	Period: From 07/01/2016 To 06/30/2017	Worksheet H-5 Date/Time Prepared: 11/26/2017 1:06 pm
		Home Health Agency I	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		0		379,600	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			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			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. H-4, Part II, column as appropriate, line 32)		0		379,600	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		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			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		0		41	6.02
7.00	Total Medicare program liability (see instructions)		0		379,559	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0089

Period: From 07/01/2016

Worksheet 0

Hospice CCN: 14-1524

To 06/30/2017

Date/Time Prepared: 11/26/2017 1:06 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0
4.00	ADMINISTRATIVE & GENERAL*	54,119	47,114	101,233	0	101,233
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0
7.00	HOUSEKEEPING*	0	0	0	0	0
8.00	DIETARY*	0	0	0	0	0
9.00	NURSING ADMINISTRATION*	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES*	0	16,974	16,974	0	16,974
11.00	MEDICAL RECORDS*	0	0	0	0	0
12.00	STAFF TRANSPORTATION*	0	23,140	23,140	0	23,140
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0
14.00	PHARMACY*	0	58,128	58,128	0	58,128
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>						
25.00	INPATIENT CARE-CONTRACTED**	0	0	0	0	0
26.00	PHYSICIAN SERVICES**	278,807	0	278,807	0	278,807
27.00	NURSE PRACTITIONER**	0	0	0	0	0
28.00	REGISTERED NURSE**	195,719	0	195,719	0	195,719
29.00	LPN/LVN**	0	0	0	0	0
30.00	PHYSICAL THERAPY**	0	0	0	0	0
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES**	27,590	0	27,590	0	27,590
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	0	0	0	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	0	0	0	0
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	53,849	53,849	0	53,849
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0
40.00	IMAGING SERVICES**	0	0	0	0	0
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0
43.00	OUTPATIENT SERVICES**	0	86,318	86,318	0	86,318
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM *	5,281	0	5,281	0	5,281
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0
62.00	FUNDRAISING*	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0
66.00	RESIDENTIAL CARE*	0	111,996	111,996	0	111,996
67.00	ADVERTISING*	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0
69.00	THRIFT STORE*	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0
100.00	TOTAL	561,516	397,519	959,035	0	959,035

\* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

\*\* See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS	Provider CCN: 14-0089	Period: From 07/01/2016	Worksheet 0
	Hospice CCN: 14-1524	To 06/30/2017	Date/Time Prepared: 11/26/2017 1:06 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	101,233	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	16,974	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	23,140	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	58,128	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	17.00
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	278,807	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	195,719	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	27,590	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	53,849	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	86,318	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
<b>NONREIMBURSABLE COST CENTERS</b>				
60.00	BEREAVEMENT PROGRAM *	0	5,281	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	111,996	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	959,035	100.00

\* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

\*\* See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE  
 Provider CCN: 14-0089  
 Hospice CCN: 14-1524  
 Period: From 07/01/2016 To 06/30/2017  
 Worksheet 0-2  
 Date/Time Prepared: 11/26/2017 1:06 pm

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	278,363	0	278,363	0	278,363	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	195,407	0	195,407	0	195,407	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	27,546	0	27,546	0	27,546	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	53,849	53,849	0	53,849	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	86,180	86,180	0	86,180	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	501,316	140,029	641,345	0	641,345	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	278,363	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	195,407	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	27,546	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	53,849	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
43.00	OUTPATIENT SERVICES	0	86,180	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	641,345	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESPIRE CARE

Provider CCN: 14-0089

Period: From 07/01/2016

Worksheet 0-3

Hospice CCN: 14-1524

To 06/30/2017

Date/Time Prepared: 11/26/2017 1:06 pm

	Hospice I					
	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
	1.00	2.00	3.00	4.00	5.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	444	0	444	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	312	0	312	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	44	0	44	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN					38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	138	138	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	800	138	938	0	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

	ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
	6.00	7.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>			
25.00	INPATIENT CARE-CONTRACTED	0	25.00
26.00	PHYSICIAN SERVICES	444	26.00
27.00	NURSE PRACTITIONER	0	27.00
28.00	REGISTERED NURSE	312	28.00
29.00	LPN/LVN	0	29.00
30.00	PHYSICAL THERAPY	0	30.00
31.00	OCCUPATIONAL THERAPY	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	32.00
33.00	MEDICAL SOCIAL SERVICES	44	33.00
34.00	SPIRITUAL COUNSELING	0	34.00
35.00	DIETARY COUNSELING	0	35.00
36.00	COUNSELING - OTHER	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN		38.00
39.00	PATIENT TRANSPORTATION	0	39.00
40.00	IMAGING SERVICES	0	40.00
41.00	LABS & DIAGNOSTICS	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	42.00
43.00	OUTPATIENT SERVICES	138	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	46.00
100.00	TOTAL *	938	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES FOR ALLOCATION

Provider CCN: 14-0089

Period: From 07/01/2016

Worksheet 0-5

Hospice CCN: 14-1524

To 06/30/2017

Date/Time Prepared: 11/26/2017 1:06 pm

Descriptions		Hospice I			
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of col s. 1 + 2)	
		1.00	2.00	3.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	CAP REL COSTS-BLDG & FIXT	0	9,563	9,563	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	113,442	113,442	3.00
4.00	ADMINISTRATIVE & GENERAL	101,233	190,331	291,564	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	3,201	3,201	5.00
6.00	LAUNDRY & LINEN SERVICE	0	854	854	6.00
7.00	HOUSEKEEPING	0	1,378	1,378	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	16,974	3,671	20,645	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	23,140	0	23,140	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	58,128	0	58,128	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	370	370	17.00
<b>LEVEL OF CARE</b>					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	641,345	0	641,345	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	938	0	938	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>					
60.00	BEREAVEMENT PROGRAM	5,281	0	5,281	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	111,996	0	111,996	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	959,035	322,810	1,281,845	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period: From 07/01/2016

Worksheet 0-6

Hospice CCN: 14-1524

To 06/30/2017

Part I  
Date/Time Prepared:  
11/26/2017 1:06 pm

Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
	0	1.00	2.00	3.00	3A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIX	9,563	9,563			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	113,442	0	0	113,442	3.00
4.00	ADMINISTRATIVE & GENERAL	291,564	9,563	0	10,934	312,061 4.00
5.00	PLANT OPERATION & MAINTENANCE	3,201	0	0	0	3,201 5.00
6.00	LAUNDRY & LINEN SERVICE	854	0	0	0	854 6.00
7.00	HOUSEKEEPING	1,378	0	0	0	1,378 7.00
8.00	DIETARY	0	0	0	0	0 8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0 9.00
10.00	ROUTINE MEDICAL SUPPLIES	20,645	0	0	0	20,645 10.00
11.00	MEDICAL RECORDS	0	0	0	0	0 11.00
12.00	STAFF TRANSPORTATION	23,140	0	0	0	23,140 12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0 13.00
14.00	PHARMACY	58,128	0	0	0	58,128 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0 15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		370 17.00
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	641,345			101,279	742,624 51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	938	0	0	162	1,100 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0 53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM	5,281	0	0	1,067	6,348 60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0 61.00
62.00	FUNDRAISING	0	0	0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0 65.00
66.00	RESIDENTIAL CARE	111,996	0	0	0	111,996 66.00
67.00	ADVERTISING	0	0	0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0 68.00
69.00	THRIFT STORE	0	0	0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0 71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0 99.00
100.00	TOTAL	1,281,845	9,563	0	113,442	1,281,845 100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period: From 07/01/2016

Worksheet 0-6

Hospice CCN: 14-1524

To 06/30/2017

Part I  
Date/Time Prepared:  
11/26/2017 1:06 pm

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00 ADMINISTRATIVE & GENERAL	312,061					4.00
5.00 PLANT OPERATION & MAINTENANCE	1,030	4,231				5.00
6.00 LAUNDRY & LINEN SERVICE	275	0	1,129			6.00
7.00 HOUSEKEEPING	443	0		1,821		7.00
8.00 DIETARY	0	0		0	0	8.00
9.00 NURSING ADMINISTRATION	0	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	6,643	0		0		10.00
11.00 MEDICAL RECORDS	0	0		0		11.00
12.00 STAFF TRANSPORTATION	7,446	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	0	0		0		13.00
14.00 PHARMACY	18,705	0		0		14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00 OTHER GENERAL SERVICE	0	0		0		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	119	0		0		17.00
<b>LEVEL OF CARE</b>						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	238,964					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	354	4,231	1,129	1,821	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00 BEREAVEMENT PROGRAM	2,043	0		0		60.00
61.00 VOLUNTEER PROGRAM	0	0		0		61.00
62.00 FUNDRAISING	0	0		0		62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00 PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00 OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00 RESIDENTIAL CARE	36,039	0	0	0	0	66.00
67.00 ADVERTISING	0	0		0		67.00
68.00 TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00 THRIFT STORE	0	0		0		69.00
70.00 NURSING FACILITY ROOM & BOARD						70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0		0		99.00
100.00 TOTAL	312,061	4,231	1,129	1,821	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS		Provider CCN: 14-0089	Period: From 07/01/2016	Worksheet 0-6
		Hospice CCN: 14-1524	To 06/30/2017	Part I
				Date/Time Prepared: 11/26/2017 1:06 pm

Descriptions	Hospice I					
	NURSING ADMINISTRATIVE	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	27,288			10.00
11.00	MEDICAL RECORDS	0		0		11.00
12.00	STAFF TRANSPORTATION	0			30,586	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	13.00
14.00	PHARMACY	0			0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	15.00
16.00	OTHER GENERAL SERVICE	0			0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	27,244	0	30,537	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	44	0	49	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM	0			0	60.00
61.00	VOLUNTEER PROGRAM	0			0	61.00
62.00	FUNDRAISING	0			0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	65.00
66.00	RESIDENTIAL CARE	0			0	66.00
67.00	ADVERTISING	0			0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	68.00
69.00	THRIFT STORE	0			0	69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	0	27,288	0	30,586	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period: From 07/01/2016

Worksheet 0-6

Hospice CCN: 14-1524

To 06/30/2017

Part I  
Date/Time Prepared:  
11/26/2017 1:06 pm

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	76,833					14.00
15.00	0	0				15.00
16.00	0		0			16.00
17.00				489		17.00
<b>LEVEL OF CARE</b>						
50.00	0	0	0		0	50.00
51.00	76,711	0	0		1,116,080	51.00
52.00	122	0	0	489	9,339	52.00
53.00	0	0	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0		0		8,391	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	148,035	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	76,833	0	0	489	1,281,845	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 14-0089

Hospice CCN: 14-1524

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet 0-6  
Part II  
Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Descriptions		Hospice I					
		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT	9,563					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	561,516			3.00
4.00	ADMINISTRATIVE & GENERAL	9,563	0	54,119	-312,061	969,784	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	3,201	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	854	6.00
7.00	HOUSEKEEPING	0	0	0	0	1,378	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	20,645	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	23,140	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	58,128	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	370	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			501,316	0	742,624	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	800	0	1,100	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM	0	0	5,281	0	6,348	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	111,996	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	9,563	0	113,442		312,061	100.00
101.00	UNIT COST MULTIPLIER	1.000000	0.000000	0.202028		0.321784	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 14-0089

Period: From 07/01/2016

Worksheet 0-6

Hospice CCN: 14-1524

To 06/30/2017

Part II  
Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	9,563					5.00
6.00	LAUNDRY & LINEN SERVICE	0	11				6.00
7.00	HOUSEKEEPING	0		9,563			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	9,563	11	9,563	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	4,231	1,129	1,821	0	0	100.00
101.00	UNIT COST MULTIPLIER	0.442434	102.636364	0.190421	0.000000	0.000000	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 14-0089

Period: From 07/01/2016

Worksheet 0-6

Hospice CCN: 14-1524

To 06/30/2017

Part II  
Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	6,900					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			6,900			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	6,900	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	6,889	0	6,889	0	6,889	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	11	0	11	0	11	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	27,288	0	30,586	0	76,833	100.00
101.00	UNIT COST MULTIPLIER	3.954783	0.000000	4.432754	0.000000	11.135217	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 14-0089

Hospice CCN: 14-1524

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet 0-6  
Part II  
Date/Time Prepared:  
11/26/2017 1:06 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			11		17.00
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	11		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0		53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	489		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	44.454545		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE

Provider CCN: 14-0089

Period: From 07/01/2016

Worksheet 0-7

Hospice CCN: 14-1524

To 06/30/2017

Date/Time Prepared: 11/26/2017 1:06 pm

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.398740	0	1,360	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	340	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.401531	0	850	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.404397	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.180274	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.181681	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0.716192	0	0	0	10.00
10.01	DIABETES/WOUND CARE/COUMADIN CNTR	76.01	1.003967	0	0	0	10.01
10.02	FLU CLINIC	76.02	0.000000	0	0	0	10.02
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (From Provider Records)		Shared Service Costs by LOC			
		HGIP		HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)
		5.00		6.00	7.00	8.00	9.00
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	542	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	341	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	10.00
10.01	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	10.01
10.02	FLU CLINIC	0	0	0	0	0	10.02
11.00	Totals (sum of lines 1-11)		0	883	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0089

Period: From 07/01/2016

Worksheet 0-8

Hospice CCN: 14-1524

To 06/30/2017

Date/Time Prepared: 11/26/2017 1:06 pm

		Hospice I		TOTAL	
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID		
		1.00	2.00	3.00	
<b>HOSPICE CONTINUOUS HOME CARE</b>					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)				4.00
5.00	Program cost (line 3 times line 4)	0	0	0	5.00
<b>HOSPICE ROUTINE HOME CARE</b>					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			1,116,963	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			6,889	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			162.14	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	4,705	1,167		9.00
10.00	Program cost (line 8 times line 9)	762,869	189,217		10.00
<b>HOSPICE INPATIENT RESPITE CARE</b>					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			9,339	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			11	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			849.00	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	11	0		14.00
15.00	Program cost (line 13 times line 14)	9,339	0		15.00
<b>HOSPICE GENERAL INPATIENT CARE</b>					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			0	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			0	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			0.00	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	0	0		19.00
20.00	Program cost (line 18 times line 19)	0	0		20.00
<b>TOTAL HOSPICE CARE</b>					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			1,126,302	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			6,900	22.00
23.00	Average cost per diem (line 21 divided by line 22)			163.23	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0089	Period: From 07/01/2016 To 06/30/2017	Worksheet L Parts I-III Date/Time Prepared: 11/26/2017 1:06 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		254,378	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		6,990	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		11.02	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		261,368	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0089

Period: From 07/01/2016

Worksheet M-1

Component CCN: 14-8522

To 06/30/2017

Date/Time Prepared: 11/26/2017 1:06 pm

		RHC I		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	
<b>FACILITY HEALTH CARE STAFF COSTS</b>							
1.00	Physician	155,562	0	155,562	0	155,562	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	87,212	0	87,212	0	87,212	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	0	0	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	263,024	0	263,024	0	263,024	9.00
10.00	Subtotal (sum of lines 1 through 9)	505,798	0	505,798	0	505,798	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	10,948	10,948	0	10,948	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	5,884	5,884	0	5,884	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	16,832	16,832	0	16,832	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	505,798	16,832	522,630	0	522,630	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>							
23.00	Pharmacy	0	28,149	28,149	0	28,149	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	1,943	1,943	0	1,943	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	30,092	30,092	0	30,092	28.00
<b>FACILITY OVERHEAD</b>							
29.00	Facility Costs	0	7,898	7,898	0	7,898	29.00
30.00	Administrative Costs	0	19,155	19,155	0	19,155	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	27,053	27,053	0	27,053	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	505,798	73,977	579,775	0	579,775	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0089

Period: From 07/01/2016

Worksheet M-1

Component CCN: 14-8522

To 06/30/2017

Date/Time Prepared: 11/26/2017 1:06 pm

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	RHC I	Cost
		6.00	7.00		
<b>FACILITY HEALTH CARE STAFF COSTS</b>					
1.00	Physician	0	155,562		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	87,212		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	0		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	263,024		9.00
10.00	Subtotal (sum of lines 1 through 9)	0	505,798		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	10,948		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	5,884		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	16,832		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	522,630		22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>					
23.00	Pharmacy	0	28,149		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	1,943		26.00
27.00	Nonallowable GME costs	0	0		27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	30,092		28.00
<b>FACILITY OVERHEAD</b>					
29.00	Facility Costs	0	7,898		29.00
30.00	Administrative Costs	0	19,155		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	27,053		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	579,775		32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0089 Component CCN: 14-8522	Period: From 07/01/2016 To 06/30/2017	Worksheet M-2 Date/Time Prepared: 11/26/2017 1:06 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	
<b>VISITS AND PRODUCTIVITY</b>						
<b>Positions</b>						
1.00	Physician	0.87	3,416	4,200	3,654	1.00
2.00	Physician Assistant	0.00	0	2,100	0	2.00
3.00	Nurse Practitioner	0.90	1,899	2,100	1,890	3.00
4.00	Subtotal (sum of lines 1 through 3)	1.77	5,315		5,544	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)	1.77	5,315		5,544	8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	
<b>DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES</b>						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				522,630	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				30,092	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				552,722	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				0.945557	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet, M-1, col. 7, line 31)				27,053	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				380,049	15.00
16.00	Total overhead (sum of lines 14 and 15)				407,102	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Enter the amount from line 16				407,102	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				384,938	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				907,568	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0089 Component CCN: 14-8522	Period: From 07/01/2016 To 06/30/2017	Worksheet M-3 Date/Time Prepared: 11/26/2017 1:06 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)			907,568	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			33,161	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			874,407	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			5,544	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)			5,544	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			157.72	7.00
		Calculation of Limit (1)			
		Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)		
		1.00	2.00		
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	0.00	0.00		8.00
9.00	Rate for Program covered visits (see instructions)	157.72	157.72		9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)	168	795		10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	26,497	125,387		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	151,884		16.00
16.01	Total program charges (see instructions)(from contractor's records)		158,415		16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		5,075		16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		4,866		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.)		99,354		16.04
16.05	Total program cost (see instructions)	0	104,220		16.05
17.00	Primary payer amounts		0		17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		22,825		18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		26,103		19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		104,220		20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		11,310		21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		115,530		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)		115,530		26.00
26.01	Sequestration adjustment (see instructions)		2,311		26.01
27.00	Interim payments		96,463		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)		16,756		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: 14-0089 Component CCN: 14-8522	Period: From 07/01/2016 To 06/30/2017	Worksheet M-4 Date/Time Prepared: 11/26/2017 1:06 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)		505,798	505,798	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.000376	0.007843	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		190	3,967	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		4,451	10,488	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		4,641	14,455	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		522,630	522,630	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		384,938	384,938	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.008880	0.027658	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		3,418	10,647	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		8,059	25,102	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		35	730	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		230.26	34.39	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		30	128	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		6,908	4,402	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)			33,161	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)			11,310	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 14-0089 Component CCN: 14-8522	Period: From 07/01/2016 To 06/30/2017	Worksheet M-5 Date/Time Prepared: 11/26/2017 1:06 pm
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		RHC I	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		101,145	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		06/29/2017	4,682	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)		-4,682	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		96,463	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		16,756	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		113,219	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00
8.00	Name of Contractor			8.00