

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: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 11/30/2017 8:29 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report	Date: 11/30/2017 Time: 8:29 am	
	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 ILLINOIS VALLEY COMMUNITY HOSPITAL (14-0234) 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			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-139,798	-102,037	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	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
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RHC WHCC I	0		43,224		0	10.00
10.01 RHC LMC II	0		84,766		0	10.01
10.02 RHC PMC III	0		414,488		0	10.02
10.03 RHC PPCC IV	0		78,941		0	10.03
10.04 RHC OMC V	0		117,700		0	10.04
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	-139,798	637,082	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/30/2017 8:13 am
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1.00 Hospital and Hospital Health Care Complex Address:	2.00 PO Box:	3.00 Zip Code: 61354	4.00 County:	1.00
2.00 Street: 925 WEST STREET	State: IL			2.00
2.00 City: PERU				

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ILLINOIS VALLEY COMMUNITY HOSPITAL	140234	99914	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	SWING BED UNIT OF IVCH	14U234	99914		07/01/1991	N	P	N	7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	VALLEY HOSPICE	141533	99914		04/01/1985				14.00
15.00	Hospital-Based Health Clinic - RHC	WOMEN'S HEALTH CARE CENTER	148564	99914		08/22/2016	N	N	O	15.00
15.01	Hospital-Based Health Clinic - RHC I I	LASALLE MEDICAL CLINIC	148565	99914		09/01/2016	N	N	O	15.01
15.02	Hospital-Based Health Clinic - RHC I I I	PERU MEDICAL CLINIC	148562	99914		09/08/2016	N	N	O	15.02
15.03	Hospital-Based Health Clinic - RHC I V	PERU PRIMARY CARE CLINIC	148563	99914		09/12/2016	N	N	O	15.03
15.04	Hospital-Based Health Clinic - RHC	VOGLESBY MEDICAL CLINIC	148561	99914		08/25/2016	N	N	O	15.04
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2016	06/30/2017	20.00	
21.00	Type of Control (see instructions)					2		21.00	

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (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.						1	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0234		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/30/2017 8:13 am	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
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.	1,111	255	0	0	8	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	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00		2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					1		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.					07/01/2016	06/30/2017	38.00	
						Y/N	Y/N		
						1.00		2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	Y	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					Y	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)					N			60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0234

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

Worksheet S-2
Part I
Date/Time Prepared:
11/30/2017 8:13 am

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)					N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0234		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/30/2017 8:13 am	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/30/2017 8:13 am
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		1.00	2.00	3.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
		1.00			
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.		N		87.00
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
Rural Providers					
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. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
		1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/30/2017 8:13 am	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	537,869	0	0	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	118.02	
119.00	DO NOT USE THIS LINE			119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	Y	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		N		122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:	Contractor's Number:		141.00
142.00	Street:	PO Box:			142.00
143.00	City:	State:	Zip Code:		143.00
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
		1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		N	N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
				1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	149.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0234		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/30/2017 8:13 am		
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	157.00		
158.00	SUBPROVIDER					158.00		
159.00	SNF	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC		N	N	N	161.00		
161.10	CORF		N	N	N	161.10		
						1.00		
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	169.00	
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			10/01/2015	09/30/2016	170.00		
		1.00	2.00					
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			N		171.00		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0234		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part II Date/Time Prepared: 11/30/2017 8:13 am	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	11/08/2016			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	09/07/2017		Y	09/07/2017	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/30/2017 8:13 am	
		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		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			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.			N	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SUE		ANKENY	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.	507-526-4428		SUE.ANKENY@RSMUS.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/30/2017 8:13 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR		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: 14-0234

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

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2017 8:13 am

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	52	18,980	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)		52	18,980	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	4	1,460	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		56	20,440	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					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	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RHC WHCC	88.00				0	26.00
26.01 RHC LMC	88.01				0	26.01
26.02 RHC PMC	88.02				0	26.02
26.03 RHC PPCC	88.03				0	26.03
26.04 RHC OMC	88.04				0	26.04
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		56				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0234

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

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2017 8:13 am

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)	3,756	1,075	6,099			1.00
2.00 HMO and other (see instructions)	365	8				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	57	0	67			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	3,813	1,075	6,166			7.00
8.00 INTENSIVE CARE UNIT	344	102	577			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		136	772			13.00
14.00 Total (see instructions)	4,157	1,313	7,515	0.00	473.24	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY	0	0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE	0	0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	5.28	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RHC WHCC	306	0	11,015	0.00	16.76	26.00
26.01 RHC LMC	887	0	4,366	0.00	6.37	26.01
26.02 RHC PMC	2,834	0	4,754	0.00	7.10	26.02
26.03 RHC PPCC	759	0	5,823	0.00	9.36	26.03
26.04 RHC OMC	913	0	6,856	0.00	9.25	26.04
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	527.36	27.00
28.00 Observation Bed Days		302	2,427			28.00
29.00 Ambulance Trips	0					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	53	161			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: 14-0234

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

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2017 8:13 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,242	560	2,399	1.00
2.00 HMO and other (see instructions)				117	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	1,242	560		2,399	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY	0.00						20.00
21.00 OTHER LONG TERM CARE	0.00					0	21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00						23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC	0.00						25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RHC WHCC	0.00						26.00
26.01 RHC LMC	0.00						26.01
26.02 RHC PMC	0.00						26.02
26.03 RHC PPCC	0.00						26.03
26.04 RHC OMC	0.00						26.04
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: 14-0234

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

Worksheet S-3
Part II
Date/Time Prepared:
11/30/2017 8:13 am

	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)	Paid Hours Related 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	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	32,897,064	0	32,897,064	1,096,819.00	29.99
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		317,550	0	317,550	1,432.00	221.75
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		4,244,461	0	4,244,461	100,622.00	42.18
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		2,942,352	75,606	3,017,958	164,314.00	18.37
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		1,672,342	0	1,672,342	25,078.00	66.69
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		4,079,803	0	4,079,803		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		714,909	0	714,909		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		620,315	0	620,315		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		11,495	0	11,495		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related		0	0	0		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0234

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

Worksheet S-3
Part II
Date/Time Prepared:
11/30/2017 8:13 am

	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		
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	160,393	0	160,393	6,320.00	25.38	26.00
27.00	Administrative & General	5.00	4,078,818	-75,606	4,003,212	172,470.00	23.21	27.00
28.00	Administrative & General under contract (see inst.)		173,211	0	173,211	430.00	402.82	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	747,712	0	747,712	32,170.00	23.24	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)		674,130	0	674,130	49,525.00	13.61	33.00
34.00	Dietary	10.00	191,110	0	191,110	16,096.00	11.87	34.00
35.00	Dietary under contract (see instructions)		459,357	0	459,357	33,328.00	13.78	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	557,884	0	557,884	14,650.00	38.08	38.00
39.00	Central Services and Supply	14.00	177,272	0	177,272	10,776.00	16.45	39.00
40.00	Pharmacy	15.00	617,086	0	617,086	16,513.00	37.37	40.00
41.00	Medical Records & Medical Records Library	16.00	651,220	0	651,220	39,289.00	16.58	41.00
42.00	Social Service	17.00	223,774	0	223,774	7,655.00	29.23	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0234

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

Worksheet S-3
Part III
Date/Time Prepared:
11/30/2017 8:13 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	29,641,751	0	29,641,751	1,078,048.00	27.50	1.00
2.00	Excluded area salaries (see instructions)	2,942,352	75,606	3,017,958	164,314.00	18.37	2.00
3.00	Subtotal salaries (line 1 minus line 2)	26,699,399	-75,606	26,623,793	913,734.00	29.14	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,672,342	0	1,672,342	25,078.00	66.69	4.00
5.00	Subtotal wage-related costs (see inst.)	4,079,803	0	4,079,803	0.00	15.32	5.00
6.00	Total (sum of lines 3 thru 5)	32,451,544	-75,606	32,375,938	938,812.00	34.49	6.00
7.00	Total overhead cost (see instructions)	8,711,967	-75,606	8,636,361	399,222.00	21.63	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 11/30/2017 8:13 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,090,846	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
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
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
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	2,973,250	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	253,039	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	49,889	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)	99,705	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	175,630	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
TAXES			
17.00	FICA-Employers Portion Only	2,082,985	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	43,979	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
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	30,079	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	6,799,402	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part V Date/Time Prepared: 11/30/2017 8:13 am
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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	1,672,342	6,799,402	1.00
2.00	Hospital	1,672,342	6,799,402	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	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	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
14.01	Hospital-Based Health Clinic RHC 1	0	0	14.01
14.02	Hospital-Based Health Clinic RHC 2	0	0	14.02
14.03	Hospital-Based Health Clinic RHC 3	0	0	14.03
14.04	Hospital-Based Health Clinic RHC 4	0	0	14.04
15.00	Hospital-Based Health Clinic FOHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0234

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

Worksheet S-7
Date/Time Prepared:
11/30/2017 8:13 am

		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.			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	07/01/1991	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	0	0	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	0	0	0	12.00
13.00		RUB	0	0	0	13.00
14.00		RUA	0	0	0	14.00
15.00		RVC	0	0	0	15.00
16.00		RVB	0	0	0	16.00
17.00		RVA	0	0	0	17.00
18.00		RHC	0	0	0	18.00
19.00		RHB	0	0	0	19.00
20.00		RHA	0	9	9	20.00
21.00		RMC	0	9	9	21.00
22.00		RMB	0	0	0	22.00
23.00		RMA	0	0	0	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	5	5	27.00
28.00		ES1	0	0	0	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	0	0	0	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	0	8	8	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	8	8	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	6	6	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	4	4	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	0	0	0	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	0	4	4	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	0	0	0	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	0	0	0	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0234

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

Worksheet S-7

Date/Time Prepared:
11/30/2017 8:13 am

		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	3	3	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	1	1	199.00
200.00	TOTAL		0	57	57	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: 14-0234 Component CCN: 14-8564		Period: From 07/01/2016 To 06/30/2017		Worksheet S-8 Date/Time Prepared: 11/30/2017 8:13 am	
		RHC I					
				1.00			
1.00	1.00	Clinic Address and Identification Street		920 WEST STREET		1.00	
		City		State		ZIP Code	
		1.00		2.00		3.00	
2.00	2.00	City, State, ZIP Code, County		PERU IL 61354		2.00	
				1.00			
3.00	3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban		0		3.00	
				Grant Award		Date	
				1.00		2.00	
4.00	4.00	Source of Federal Funds Community Health Center (Section 330(d), PHS Act)				4.00	
5.00	5.00	Migrant Health Center (Section 329(d), PHS Act)				5.00	
6.00	6.00	Health Services for the Homeless (Section 340(d), PHS Act)				6.00	
7.00	7.00	Appalachian Regional Commission				7.00	
8.00	8.00	Look-Alikes				8.00	
9.00	9.00	OTHER (SPECIFY)				9.00	
				1.00		2.00	
10.00	10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)		N		0	
				Sunday		Monday	
				Tuesday			
				from		to	
				1.00		2.00	
				3.00		4.00	
				5.00			
11.00	11.00	Facility hours of operations (1) Clinic		08:00		19:00	
				08:00			
				1.00		2.00	
12.00	12.00	Have you received an approval for an exception to the productivity standard?		N		12.00	
13.00	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	
				Provider name		CCN number	
				1.00		2.00	
14.00	14.00	RHC/FQHC name, CCN number				14.00	
				XVIII		XIX	
				Total Visits			
				1.00		2.00	
				3.00		4.00	
				5.00			
15.00	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	2.00	City, State, ZIP Code, County		LASALLE		2.00	
				Tuesday		Wednesday	
				Thursday			
				to		to	
				6.00		7.00	
				8.00		9.00	
				10.00			
11.00	11.00	Facility hours of operations (1) Clinic		18:50		08:00	
				19:00		08:00	
				18:50			

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-0234 Component CCN: 14-8564		Period: From 07/01/2016 To 06/30/2017		Worksheet S-8 Date/Time Prepared: 11/30/2017 8:13 am	
				RHC I			
		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
11.00	Facility hours of operations (1) Clinic	08:00	17:00				11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-0234 Component CCN: 14-8565		Period: From 07/01/2016 To 06/30/2017		Worksheet S-8 Date/Time Prepared: 11/30/2017 8:13 am	
		RHC II					
				1.00			
1.00	1.00	Clinic Address and Identification Street		128 BUCKLIN STREET		1.00	
		City		State		ZIP Code	
		1.00		2.00		3.00	
2.00	2.00	City, State, ZIP Code, County		LASALLE IL 61301		2.00	
				1.00			
3.00	3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban		0		3.00	
				Grant Award		Date	
				1.00		2.00	
4.00	4.00	Source of Federal Funds Community Health Center (Section 330(d), PHS Act)				4.00	
5.00	5.00	Migrant Health Center (Section 329(d), PHS Act)				5.00	
6.00	6.00	Health Services for the Homeless (Section 340(d), PHS Act)				6.00	
7.00	7.00	Appalachian Regional Commission				7.00	
8.00	8.00	Look-Alikes				8.00	
9.00	9.00	OTHER (SPECIFY)				9.00	
				1.00		2.00	
10.00	10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)		N		0	
				Sunday		Monday	
				Tuesday			
				from		to	
				1.00		2.00	
				3.00		4.00	
				5.00			
11.00	11.00	Facility hours of operations (1) Clinic		07:00		19:00	
				07:00			
				1.00		2.00	
12.00	12.00	Have you received an approval for an exception to the productivity standard?		N		12.00	
13.00	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	
				Provider name		CCN number	
				1.00		2.00	
14.00	14.00	RHC/FQHC name, CCN number				14.00	
				XVIII		XIX	
				Total Visits			
				1.00		2.00	
				3.00		4.00	
				5.00			
15.00	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	2.00	City, State, ZIP Code, County		LASALLE		2.00	
				Tuesday		Wednesday	
				Thursday			
				to		to	
				6.00		7.00	
				8.00		9.00	
				10.00			
11.00	11.00	Facility hours of operations (1) Clinic		18:00		07:00	
				19:00		07:00	
				18:00			

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-0234 Component CCN: 14-8565		Period: From 07/01/2016 To 06/30/2017		Worksheet S-8 Date/Time Prepared: 11/30/2017 8:13 am	
				RHC II			
		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
11.00	Facility hours of operations (1) Clinic	07:00	17:00				11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-0234 Component CCN: 14-8562		Period: From 07/01/2016 To 06/30/2017		Worksheet S-8 Date/Time Prepared: 11/30/2017 8:13 am	
		RHC III					
				1.00			
1.00	1.00	Clinic Address and Identification Street		710 PEORIA STREET		1.00	
		City		State		ZIP Code	
		1.00		2.00		3.00	
2.00	2.00	City, State, ZIP Code, County		PERU IL 61354		2.00	
				1.00			
3.00	3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban		0		3.00	
		Grant Award		Date			
		1.00		2.00			
4.00	4.00	Source of Federal Funds Community Health Center (Section 330(d), PHS Act)				4.00	
5.00	5.00	Migrant Health Center (Section 329(d), PHS Act)				5.00	
6.00	6.00	Health Services for the Homeless (Section 340(d), PHS Act)				6.00	
7.00	7.00	Appalachian Regional Commission				7.00	
8.00	8.00	Look-Alikes				8.00	
9.00	9.00	OTHER (SPECIFY)				9.00	
				1.00		2.00	
10.00	10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)		N		0	
		Sunday		Monday		Tuesday	
		from to		from to		from	
		1.00 2.00		3.00 4.00		5.00	
11.00	11.00	Facility hours of operations (1) Clinic		08:30 17:00		08:30	
				1.00		2.00	
12.00	12.00	Have you received an approval for an exception to the productivity standard?		N		12.00	
13.00	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	
				Provider name		CCN number	
				1.00		2.00	
14.00	14.00	RHC/FQHC name, CCN number					
		Y/N		V		Total Visits	
		1.00		2.00		3.00 4.00 5.00	
15.00	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)					
				County			
				4.00			
2.00	2.00	City, State, ZIP Code, County		LSALLE		2.00	
		Tuesday		Wednesday		Thursday	
		to		from to		from to	
		6.00		7.00 8.00		9.00 10.00	
11.00	11.00	Facility hours of operations (1) Clinic		17:00 08:30		17:00 08:30 19:00	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-0234 Component CCN: 14-8562		Period: From 07/01/2016 To 06/30/2017		Worksheet S-8 Date/Time Prepared: 11/30/2017 8:13 am	
				RHC III			
		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 RHC/FQHC STATISTICAL DATA		Provider CCN: 14-0234 Component CCN: 14-8563		Period: From 07/01/2016 To 06/30/2017		Worksheet S-8 Date/Time Prepared: 11/30/2017 8:13 am	
		RHC IV		1.00			
1.00	1.00	Clinic Address and Identification Street		920 WEST STREET, BLDG B, SUITE 100		1.00	
		City		State		ZIP Code	
		1.00		2.00		3.00	
2.00	2.00	City, State, ZIP Code, County		PERU IL 61354		2.00	
				1.00			
3.00	3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban		0		3.00	
		Grant Award		Date			
		1.00		2.00			
		Source of Federal Funds					
4.00	4.00	Community Health Center (Section 330(d), PHS Act)				4.00	
5.00	5.00	Migrant Health Center (Section 329(d), PHS Act)				5.00	
6.00	6.00	Health Services for the Homeless (Section 340(d), PHS Act)				6.00	
7.00	7.00	Appalachian Regional Commission				7.00	
8.00	8.00	Look-Alikes				8.00	
9.00	9.00	OTHER (SPECIFY)				9.00	
				1.00		2.00	
10.00	10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)		N		0	
		Sunday		Monday		Tuesday	
		from to		from to		from	
		1.00 2.00		3.00 4.00		5.00	
11.00	11.00	Facility hours of operations (1) Clinic		08:00 17:00		08:00	
				1.00		2.00	
12.00	12.00	Have you received an approval for an exception to the productivity standard?		N		0	
13.00	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	
				Provider name		CCN number	
				1.00		2.00	
14.00	14.00	RHC/FQHC name, CCN number					
		Y/N		V		XVIII	
		1.00		2.00		3.00	
				XIX		Total Visits	
				4.00		5.00	
15.00	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)					
				County			
				4.00			
2.00	2.00	City, State, ZIP Code, County		LASALLE		2.00	
		Tuesday		Wednesday		Thursday	
		to		from to		from to	
		6.00		7.00 8.00		9.00 10.00	
11.00	11.00	Facility hours of operations (1) Clinic		17:00 08:00		17:00 17:00	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-0234 Component CCN: 14-8563		Period: From 07/01/2016 To 06/30/2017		Worksheet S-8 Date/Time Prepared: 11/30/2017 8:13 am	
				RHC IV			
		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
11.00	Facility hours of operations (1) Clinic	08:00	17:00				11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-0234 Component CCN: 14-8561		Period: From 07/01/2016 To 06/30/2017		Worksheet S-8 Date/Time Prepared: 11/30/2017 8:13 am	
		RHC V					
				1.00			
1.00	1.00	Clinic Address and Identification Street		520 W. WALNUT STREET		1.00	
		City		State		ZIP Code	
		1.00		2.00		3.00	
2.00	2.00	City, State, ZIP Code, County		OGLESBY IL 61348		2.00	
				1.00			
3.00	3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban		0		3.00	
		Grant Award		Date			
		1.00		2.00			
4.00	4.00	Source of Federal Funds Community Health Center (Section 330(d), PHS Act)				4.00	
5.00	5.00	Migrant Health Center (Section 329(d), PHS Act)				5.00	
6.00	6.00	Health Services for the Homeless (Section 340(d), PHS Act)				6.00	
7.00	7.00	Appalachian Regional Commission				7.00	
8.00	8.00	Look-Alikes				8.00	
9.00	9.00	OTHER (SPECIFY)				9.00	
				1.00		2.00	
10.00	10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)		N		0	
		Sunday		Monday		Tuesday	
		from to		from to		from	
		1.00 2.00		3.00 4.00		5.00	
11.00	11.00	Facility hours of operations (1) Clinic		08:00 20:00		08:00	
				1.00		2.00	
12.00	12.00	Have you received an approval for an exception to the productivity standard?		N		12.00	
13.00	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	
				Provider name		CCN number	
				1.00		2.00	
14.00	14.00	RHC/FQHC name, CCN number					
		Y/N		V		Total Visits	
		1.00		2.00		3.00 4.00 5.00	
15.00	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)					
				County			
				4.00			
2.00	2.00	City, State, ZIP Code, County		LASALLE		2.00	
		Tuesday		Wednesday		Thursday	
		to		from to		from to	
		6.00		7.00 8.00		9.00 10.00	
11.00	11.00	Facility hours of operations (1) Clinic		20:00 08:00		20:00 08:00	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-0234 Component CCN: 14-8561		Period: From 07/01/2016 To 06/30/2017		Worksheet S-8 Date/Time Prepared: 11/30/2017 8:13 am	
				RHC V			
		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
11.00	Facility hours of operations (1) Clinic	08:00	16:00				11.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA		Provider CCN: 14-0234 Hospice CCN: 14-1533	Period: From 07/01/2016 To 06/30/2017	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 11/30/2017 8:13 am
		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		
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
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
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
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	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	3,333	0	0	3,333	11.00
12.00	Hospice Inpatient Respite Care	17	0	0	17	12.00
13.00	Hospice General Inpatient Care	0	0	0	0	13.00
14.00	Total Hospice Days	3,350	0	0	3,350	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
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: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet S-10 Date/Time Prepared: 11/30/2017 8:13 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.252568	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		2,969,160	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		29,788,501	6.00	
7.00	Medicaid cost (line 1 times line 6)		7,523,622	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)		4,554,462	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
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	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		4,554,462	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	927,560	70,660	998,220	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	234,272	70,660	304,932	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	234,272	70,660	304,932	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is yes, 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)		4,152,779	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		177,989	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		273,828	27.01	
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)		3,878,951	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,075,538	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		1,380,470	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,934,932	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0234		Period: From 07/01/2016 To 06/30/2017		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,943,162	2,943,162	41,676	2,984,838	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,675,359	1,675,359	632,915	2,308,274	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	160,393	5,515,999	5,676,392	0	5,676,392	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,078,818	5,742,448	9,821,266	-817,666	9,003,600	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	747,712	2,224,330	2,972,042	0	2,972,042	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	175,065	175,065	0	175,065	8.00
9.00	00900	HOUSEKEEPING	0	1,500,521	1,500,521	0	1,500,521	9.00
10.00	01000	DIETARY	191,110	1,076,746	1,267,856	-672,549	595,307	10.00
11.00	01100	CAFETERIA	0	437	437	672,549	672,986	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	557,884	37,510	595,394	0	595,394	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	177,272	255,374	432,646	-182,035	250,611	14.00
15.00	01500	PHARMACY	617,086	2,479,274	3,096,360	-2,250,235	846,125	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	651,220	235,983	887,203	0	887,203	16.00
17.00	01700	SOCIAL SERVICE	223,774	18,956	242,730	-3,049	239,681	17.00
18.00	01851	OTHER GENERAL COST CENTER	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,760,209	1,732,960	5,493,169	-73,138	5,420,031	30.00
31.00	03100	INTENSIVE CARE UNIT	564,983	378,608	943,591	-5,647	937,944	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	99,378	79,588	178,966	0	178,966	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	987,440	5,361,757	6,349,197	-2,931,386	3,417,811	50.00
50.01	05001	SAME DAY SURGERY	398,923	57,319	456,242	-11,886	444,356	50.01
50.02	05002	LITHOTRIPSY	0	0	0	0	0	50.02
50.03	05003	ENDOSCOPY	225,250	313,092	538,342	-96,019	442,323	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	139,113	26,578	165,691	0	165,691	52.00
53.00	05300	ANESTHESIOLOGY	646,450	2,247,940	2,894,390	-25,899	2,868,491	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,277,623	1,992,358	3,269,981	-1,167	3,268,814	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,006,191	2,128,601	3,134,792	0	3,134,792	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	145,858	21,761	167,619	0	167,619	64.00
65.00	06500	RESPIRATORY THERAPY	424,551	104,730	529,281	-80,925	448,356	65.00
66.00	06600	PHYSICAL THERAPY	1,075,096	578,008	1,653,104	-269,557	1,383,547	66.00
67.00	06700	OCCUPATIONAL THERAPY	125,016	4,601	129,617	0	129,617	67.00
68.00	06800	SPEECH PATHOLOGY	91,601	569	92,170	0	92,170	68.00
69.00	06900	ELECTROCARDIOLOGY	145,090	168,074	313,164	0	313,164	69.00
69.02	06902	CARDIAC REHAB	47,828	4,298	52,126	0	52,126	69.02
69.03	06903	WOUND CARE	120,115	1,240,774	1,360,889	-18,351	1,342,538	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	100,117	31,538	131,655	-200	131,455	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	664,005	664,005	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,614,302	2,614,302	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,250,235	2,250,235	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC WHCC	1,984,036	1,239,317	3,223,353	-508,348	2,715,005	88.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0234

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

Worksheet A
Date/Time Prepared:
11/30/2017 8:13 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
88.01	08801 RHC LMC	606,763	336,127	942,890	-157,250	785,640	88.01
88.02	08802 RHC PMC	860,226	462,714	1,322,940	-213,052	1,109,888	88.02
88.03	08803 RHC PPCC	915,736	658,209	1,573,945	-327,237	1,246,708	88.03
88.04	08804 RHC OMC	755,041	590,144	1,345,185	-199,051	1,146,134	88.04
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	4,890,148	2,509,931	7,400,079	1,404,938	8,805,017	90.00
91.00	09100 EMERGENCY	1,156,661	3,144,327	4,300,988	-106,594	4,194,394	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	64,905	33,902	98,807	0	98,807	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER MEDICAL EQUIP	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	334,127	302,913	637,040	-980	636,060	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	30,353,744	49,631,902	79,985,646	-671,601	79,314,045	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 MOB	0	0	0	0	0	192.01
192.02	19202 COMMUNITY HEALTH	184,999	92,805	277,804	0	277,804	192.02
192.03	19203 OCCUPATIONAL MEDICINE	302,478	87,274	389,752	0	389,752	192.03
192.04	19204 FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205 ADULT DAY CARE	295,787	208,898	504,685	0	504,685	192.05
192.06	19206 PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207 IV HEALTH CORP	0	0	0	0	0	192.07
192.08	19208 PUBLIC RELATIONS	0	0	0	0	0	192.08
192.09	19209 UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10	19210 OGLESBY FAMILY MEDICINE	0	0	0	0	0	192.10
192.11	19211 FAST CARE	204,932	248,112	453,044	0	453,044	192.11
192.12	19212 IVCH CARE TODAY	0	0	0	0	0	192.12
192.13	19213 PPCC	0	0	0	0	0	192.13
192.14	19214 ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
192.15	19215 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.15
192.16	19216 STREATOR MEDICAL CLINIC	743,814	345,278	1,089,092	0	1,089,092	192.16
192.17	19217 STREATOR ORTHO CLINIC	726,597	386,409	1,113,006	0	1,113,006	192.17
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OTHER PHYSICIANS' OFFICES	84,713	6,914	91,627	671,601	763,228	194.00
200.00	TOTAL (SUM OF LINES 118-199)	32,897,064	51,007,592	83,904,656	0	83,904,656	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0234

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

Worksheet A
Date/Time Prepared:
11/30/2017 8:13 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-568,491	2,416,347	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-9,094	2,299,180	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-682,536	4,993,856	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-579,682	8,423,918	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-29,673	2,942,369	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-9,692	165,373	8.00
9.00	00900	HOUSEKEEPING	0	1,500,521	9.00
10.00	01000	DIETARY	-24,825	570,482	10.00
11.00	01100	CAFETERIA	-51,468	621,518	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-1,850	593,544	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	250,611	14.00
15.00	01500	PHARMACY	-11,614	834,511	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,226	884,977	16.00
17.00	01700	SOCIAL SERVICE	0	239,681	17.00
18.00	01851	OTHER GENERAL COST CENTER	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-962,454	4,457,577	30.00
31.00	03100	INTENSIVE CARE UNIT	0	937,944	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	178,966	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	3,417,811	50.00
50.01	05001	SAME DAY SURGERY	0	444,356	50.01
50.02	05002	LITHOTRIPSY	0	0	50.02
50.03	05003	ENDOSCOPY	0	442,323	50.03
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	165,691	52.00
53.00	05300	ANESTHESIOLOGY	-2,355,219	513,272	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-868	3,267,946	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-18,047	3,116,745	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	167,619	64.00
65.00	06500	RESPIRATORY THERAPY	-6,600	441,756	65.00
66.00	06600	PHYSICAL THERAPY	0	1,383,547	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	129,617	67.00
68.00	06800	SPEECH PATHOLOGY	0	92,170	68.00
69.00	06900	ELECTROCARDIOLOGY	-107,947	205,217	69.00
69.02	06902	CARDIAC REHAB	0	52,126	69.02
69.03	06903	WOUND CARE	0	1,342,538	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	-2,220	129,235	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	664,005	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,614,302	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,250,235	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RHC WHCC	-51,616	2,663,389	88.00
88.01	08801	RHC LMC	-25,656	759,984	88.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0234

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

Worksheet A
Date/Time Prepared:
11/30/2017 8:13 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
88.02	08802	RHC PMC	-13,963	1,095,925	88.02
88.03	08803	RHC PPCC	-28,800	1,217,908	88.03
88.04	08804	RHC OMC	-42,603	1,103,531	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-5,726,624	3,078,393	90.00
91.00	09100	EMERGENCY	-2,625,243	1,569,151	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	98,807	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	636,060	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-13,939,011	65,375,034	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	MOB	0	0	192.01
192.02	19202	COMMUNITY HEALTH	0	277,804	192.02
192.03	19203	OCCUPATIONAL MEDICINE	0	389,752	192.03
192.04	19204	FAMILY PHARMACY	0	0	192.04
192.05	19205	ADULT DAY CARE	0	504,685	192.05
192.06	19206	PERSONAL TOUCH	0	0	192.06
192.07	19207	IV HEALTH CORP	0	0	192.07
192.08	19208	PUBLIC RELATIONS	0	0	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	0	192.10
192.11	19211	FAST CARE	0	453,044	192.11
192.12	19212	IVCH CARE TODAY	0	0	192.12
192.13	19213	PPCC	0	0	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	192.15
192.16	19216	STREATOR MEDICAL CLINIC	0	1,089,092	192.16
192.17	19217	STREATOR ORTHO CLINIC	0	1,113,006	192.17
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	0	763,228	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-13,939,011	69,965,645	200.00

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
A - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS		73.00	0	2,250,235	1.00
	O			0	2,250,235	
B - PROPERTY INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT		1.00	0	41,676	1.00
2.00	CAP REL COSTS-MVBLE EQUIP		2.00	0	66,268	2.00
	O			0	107,944	
C - CAFETERIA/MOW COSTS						
1.00	CAFETERIA		11.00	0	672,549	1.00
	O			0	672,549	
D - RENTALS						
1.00	CAP REL COSTS-MVBLE EQUIP		2.00	0	566,647	1.00
2.00			0.00	0	0	2.00
3.00			0.00	0	0	3.00
4.00			0.00	0	0	4.00
5.00			0.00	0	0	5.00
6.00			0.00	0	0	6.00
7.00			0.00	0	0	7.00
8.00			0.00	0	0	8.00
9.00			0.00	0	0	9.00
10.00			0.00	0	0	10.00
11.00			0.00	0	0	11.00
12.00			0.00	0	0	12.00
13.00			0.00	0	0	13.00
14.00			0.00	0	0	14.00
15.00			0.00	0	0	15.00
	O			0	566,647	
E - CHARGEABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0	294,858	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0	2,614,302	2.00
	O			0	2,909,160	
F - ADDITIONAL MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0	80,317	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0	21,025	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0	86,027	3.00
	O			0	187,369	
G - CHARGEABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0	181,778	1.00
	O			0	181,778	
H - HHA BLDG UTILITIES						
1.00	ADMINISTRATIVE & GENERAL		5.00	0	980	1.00
	O			0	980	
I - PUBLIC RELATIONS						
1.00	OTHER PHYSICIANS' OFFICES		194.00	75,606	595,995	1.00
	O			75,606	595,995	
J - RHC RECLASS						
1.00	CLINIC		90.00	877,341	527,597	1.00
2.00			0.00	0	0	2.00
3.00			0.00	0	0	3.00
4.00			0.00	0	0	4.00
5.00			0.00	0	0	5.00
	TOTALS			877,341	527,597	
500.00	Grand Total: Increases			952,947	8,000,254	500.00

RECLASSIFICATIONS

Provider CCN: 14-0234

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

Worksheet A-6

Date/Time Prepared:
11/30/2017 8:13 am

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	2,250,235	0		1.00
	O		0	2,250,235			
B - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	107,944	12		1.00
2.00	O	0.00	0	0	12		2.00
	O		0	107,944			
C - CAFETERIA/MOW COSTS							
1.00	DIETARY	10.00	0	672,549	0		1.00
	O		0	672,549			
D - RENTALS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	39,101	10		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	257	0		2.00
3.00	SOCIAL SERVICE	17.00	0	3,049	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	73,138	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	5,647	0		5.00
6.00	OPERATING ROOM	50.00	0	22,226	0		6.00
7.00	SAME DAY SURGERY	50.01	0	11,886	0		7.00
8.00	ENDOSCOPY	50.03	0	96,019	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	25,899	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,167	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	608	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	248,532	0		12.00
13.00	EMERGENCY	91.00	0	20,567	0		13.00
14.00	WOUND CARE	69.03	0	18,351	0		14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	0	200	0		15.00
	O		0	566,647			
E - CHARGEABLE SUPPLIES							
1.00	OPERATING ROOM	50.00	0	2,909,160	0		1.00
2.00	O	0.00	0	0	0		2.00
	O		0	2,909,160			
F - ADDITIONAL MEDICAL SUPPLIES							
1.00	RESPIRATORY THERAPY	65.00	0	80,317	0		1.00
2.00	PHYSICAL THERAPY	66.00	0	21,025	0		2.00
3.00	EMERGENCY	91.00	0	86,027	0		3.00
	O		0	187,369			
G - CHARGEABLE SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	181,778	0		1.00
	O		0	181,778			
H - HHA BLDG UTILITIES							
1.00	HOSPICE	116.00	0	980	0		1.00
	O		0	980			
I - PUBLIC RELATIONS							
1.00	ADMINISTRATIVE & GENERAL	5.00	75,606	595,995	0		1.00
	O		75,606	595,995			
J - RHC RECLASS							
1.00	RHC WHCC	88.00	309,639	198,709	0		1.00
2.00	RHC LMC	88.01	107,897	49,353	0		2.00
3.00	RHC PMC	88.02	150,588	62,464	0		3.00
4.00	RHC PPCC	88.03	186,998	140,239	0		4.00
5.00	RHC OMC	88.04	122,219	76,832	0		5.00
	TOTALS		877,341	527,597			
500.00	Grand Total: Decreases		952,947	8,000,254			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0234

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

Worksheet A-7
Part I
Date/Time Prepared:
11/30/2017 8:13 am

		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,476,235	0	0	0	1.00	
2.00	Land Improvements	1,321,821	18,349	0	18,349	2.00	
3.00	Buildings and Fixtures	53,354,986	48,155	0	48,155	3.00	
4.00	Building Improvements	325,067	0	0	0	4.00	
5.00	Fixed Equipment	14,981,172	0	0	0	5.00	
6.00	Movable Equipment	40,882,639	69,744,546	0	69,744,546	6.00	
7.00	HIT designated Assets	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	112,341,920	69,811,050	0	69,811,050	8.00	
9.00	Reconciling Items	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	112,341,920	69,811,050	0	69,811,050	10.00	
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,476,235	0			1.00	
2.00	Land Improvements	1,340,170	0			2.00	
3.00	Buildings and Fixtures	53,403,141	0			3.00	
4.00	Building Improvements	325,067	0			4.00	
5.00	Fixed Equipment	15,690,685	0			5.00	
6.00	Movable Equipment	110,627,185	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	182,862,483	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	182,862,483	0			10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0234

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

Worksheet A-7
Part II
Date/Time Prepared:
11/30/2017 8:13 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	2,943,162	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,675,359	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,618,521	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	2,943,162				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,675,359				2.00
3.00	Total (sum of lines 1-2)	0	4,618,521				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0234

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

Worksheet A-7
Part III
Date/Time Prepared:
11/30/2017 8:13 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	70,816,272	0	70,816,272	0.390294	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	110,627,185	0	110,627,185	0.609706	0	2.00
3.00	Total (sum of lines 1-2)	181,443,457	0	181,443,457	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,473,151	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,666,265	566,647	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,139,416	566,647	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-98,480	41,676	0	0	2,416,347	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	66,268	0	0	2,299,180	2.00
3.00	Total (sum of lines 1-2)	-98,480	107,944	0	0	4,715,527	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-98,480	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-74,420	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-11,614	PHARMACY	15.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-32,629	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-7,098	ADMINISTRATIVE & GENERAL	5.00	0	8.00
9.00 Parking lot (chapter 21)	B	-8,000	OPERATION OF PLANT	7.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-10,266,762			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-868	RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00 Laundry and linen service	B	-9,692	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00 Cafeteria-employees and guests	B	-51,468	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-2,226	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			OUTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant				0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 OTHER REVENUE -OB	B	-20	ADULTS & PEDIATRICS	30.00		0	33.00
33.01 PARKING GARAGE PARKING TAXES	A	-14,392	OPERATION OF PLANT	7.00		0	33.01
33.02 OTHER REVENUE - EDUCATION	B	-1,850	NURSING ADMINISTRATION	13.00		0	33.02
33.03 PHYSICIAN BILLING 2110	A	-51,677	ADMINISTRATIVE & GENERAL	5.00		0	33.03
33.04 AHA/IHA LOBBYING	A	-29,877	ADMINISTRATIVE & GENERAL	5.00		0	33.04
33.05 POB EXP	A	141,753	CLINIC	90.00		0	33.05
33.06 NUTRITIONAL SUPPORT G/L 4095.02	B	-24,825	DIETARY	10.00		0	33.06
33.07 INTEREST EXPENSE	A	-470,011	CAP REL COSTS-BLDG & FIXT	1.00		9	33.07
33.08 PHYSICIAN RECRUITMENT	A	-145,743	ADMINISTRATIVE & GENERAL	5.00		0	33.08
33.09 MISCELLANEOUS REV G/L 5100.090	B	-17,174	ADMINISTRATIVE & GENERAL	5.00		0	33.09
33.10 TV OPERATING COSTS	A	-7,281	OPERATION OF PLANT	7.00		0	33.10
33.11 TV DEPR	A	-9,094	CAP REL COSTS-MVBLE EQUIP	2.00		9	33.11
33.12 IVHS PHYSICIANS PMC	A	-102,457	CLINIC	90.00		0	33.12
33.13 IVHS PHYSICIANS WHCC	A	-131,801	CLINIC	90.00		0	33.13
33.14 IVHS PHYSICIANS LMC	A	-41,260	CLINIC	90.00		0	33.14
33.15 PHO / IV ORTHO	A	-1,899,766	CLINIC	90.00		0	33.15
33.16 OGLESBY FAMILY MEDICINE & PEDS	A	-46,531	CLINIC	90.00		0	33.16
33.17 TRANSPORT VEHICLE REVENUE	B	-221,064	ADMINISTRATIVE & GENERAL	5.00		0	33.17
33.18 RENTAL INCOME - LAS PHY OFF	B	-25,656	RHC LMC	88.01		0	33.18
33.19 RENTAL INCOME TO CLINIC - LAS PHY OF	B	-5,148	CLINIC	90.00		0	33.19
33.20 RENTAL INCOME - IV ORTHO	B	-57,120	CLINIC	90.00		0	33.20
33.21 RENTAL INCOME DR. KIM	B	-12,000	CLINIC	90.00		0	33.21
33.22 RENTAL INCOME - PMC	B	-13,963	RHC PMC	88.02		0	33.22
33.23 RENTAL INCOME TO CLINIC - PMC	B	-3,197	CLINIC	90.00		0	33.23
33.24 RENTAL INCOME - WHCC	B	-51,616	RHC WHCC	88.00		0	33.24
33.25 RENTAL INCOME TO CLINIC- WHCC	B	-8,384	CLINIC	90.00		0	33.25
33.26 RENTAL INCOME - ENT	B	-36,900	CLINIC	90.00		0	33.26
33.27 RENTAL INCOME - SLEEP CLINIC	B	-2,700	CLINIC	90.00		0	33.27
33.28 RENTAL INCOME - PPCC	B	-28,800	RHC PPCC	88.03		0	33.28
33.29 RENTAL INCOME TO CLINIC - PPCC	B	-7,200	CLINIC	90.00		0	33.29
33.30 RENTAL INCOME - OMC	B	-42,603	RHC OMC	88.04		0	33.30
33.31 RENTAL INCOME TO CLINIC- OMC	B	-7,397	CLINIC	90.00		0	33.31
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,939,011					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: 14-0234

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

Worksheet A-8-2
Date/Time Prepared:
11/30/2017 8:13 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	644,884	644,884	0	0	0	1.00
2.00	53.00	ANESTHESIOLOGY	1,948,036	1,948,036	0	0	0	2.00
3.00	60.00	LABORATORY	18,047	18,047	0	0	0	3.00
4.00	65.00	RESPIRATORY THERAPY	6,600	6,600	0	0	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	107,947	107,947	0	0	0	5.00
6.00	70.00	ELECTROENCEPHALOGRAPHY	2,220	2,220	0	0	0	6.00
7.00	91.00	EMERGENCY	2,625,243	2,625,243	0	0	0	7.00
8.00	90.00	CLINIC	160,650	160,650	0	0	0	8.00
9.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	682,536	682,536	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
11.00	90.00	CLINIC	3,345,866	3,345,866	0	0	0	11.00
12.00	53.00	ANESTHESIOLOGY	407,183	407,183	0	0	0	12.00
13.00	30.00	ADULTS & PEDIATRICS	317,550	317,550	0	0	0	13.00
200.00			10,266,762	10,266,762	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	2.00
3.00	60.00	LABORATORY	0	0	0	0	0	3.00
4.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	5.00
6.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	0	0	0	0	0	7.00
8.00	90.00	CLINIC	0	0	0	0	0	8.00
9.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
11.00	90.00	CLINIC	0	0	0	0	0	11.00
12.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	12.00
13.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	13.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	644,884	1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	1,948,036	2.00
3.00	60.00	LABORATORY	0	0	0	18,047	3.00
4.00	65.00	RESPIRATORY THERAPY	0	0	0	6,600	4.00
5.00	69.00	ELECTROCARDIOLOGY	0	0	0	107,947	5.00
6.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	2,220	6.00
7.00	91.00	EMERGENCY	0	0	0	2,625,243	7.00
8.00	90.00	CLINIC	0	0	0	160,650	8.00
9.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	682,536	9.00
10.00	0.00		0	0	0	0	10.00
11.00	90.00	CLINIC	0	0	0	3,345,866	11.00
12.00	53.00	ANESTHESIOLOGY	0	0	0	407,183	12.00
13.00	30.00	ADULTS & PEDIATRICS	0	0	0	317,550	13.00
200.00			0	0	0	10,266,762	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0234

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2017 8:13 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,416,347	2,416,347			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	2,299,180		2,299,180		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,993,856	9,944	9,462	5,013,262	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	8,423,918	381,683	363,178	718,530	9,887,309
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	2,942,369	372,731	354,658	134,203	3,803,961
8.00 00800	LAUNDRY & LINEN SERVICE	165,373	42,435	40,377	0	248,185
9.00 00900	HOUSEKEEPING	1,500,521	28,543	27,159	0	1,556,223
10.00 01000	DIETARY	570,482	47,626	45,316	34,301	697,725
11.00 01100	CAFETERIA	621,518	27,807	26,458	0	675,783
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	593,544	15,710	14,949	100,132	724,335
14.00 01400	CENTRAL SERVICES & SUPPLY	250,611	30,857	29,360	31,818	342,646
15.00 01500	PHARMACY	834,511	14,525	13,821	110,758	973,615
16.00 01600	MEDICAL RECORDS & LIBRARY	884,977	19,405	18,464	116,884	1,039,730
17.00 01700	SOCIAL SERVICE	239,681	4,972	4,731	40,164	289,548
18.00 01851	OTHER GENERAL COST CENTER	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	4,457,577	332,184	316,076	617,906	5,723,743
31.00 03100	INTENSIVE CARE UNIT	937,944	39,673	37,749	101,406	1,116,772
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	178,966	10,681	10,163	17,837	217,647
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	3,417,811	94,619	90,031	177,231	3,779,692
50.01 05001	SAME DAY SURGERY	444,356	35,829	34,091	71,601	585,877
50.02 05002	LITHOTRIPSY	0	0	0	0	0
50.03 05003	ENDOSCOPY	442,323	0	0	40,429	482,752
51.00 05100	RECOVERY ROOM	0	9,956	9,473	0	19,429
52.00 05200	DELIVERY ROOM & LABOR ROOM	165,691	15,054	14,324	24,969	220,038
53.00 05300	ANESTHESIOLOGY	513,272	24,584	23,392	42,945	604,193
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,267,946	92,386	87,906	229,314	3,677,552
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MRI	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	3,116,745	40,053	38,110	180,596	3,375,504
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	167,619	46,371	44,123	26,179	284,292
65.00 06500	RESPIRATORY THERAPY	441,756	18,231	17,347	76,201	553,535
66.00 06600	PHYSICAL THERAPY	1,383,547	54,554	51,909	192,964	1,682,974
67.00 06700	OCCUPATIONAL THERAPY	129,617	0	0	22,438	152,055
68.00 06800	SPEECH PATHOLOGY	92,170	0	0	16,441	108,611
69.00 06900	ELECTROCARDIOLOGY	205,217	6,169	5,870	4,965	222,221
69.02 06902	CARDIAC REHAB	52,126	39,984	38,045	8,584	138,739
69.03 06903	WOUND CARE	1,342,538	0	0	21,559	1,364,097
70.00 07000	ELECTROENCEPHALOGRAPHY	129,235	932	887	17,969	149,023
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	664,005	0	0	0	664,005
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	2,614,302	0	0	0	2,614,302
73.00 07300	DRUGS CHARGED TO PATIENTS	2,250,235	0	0	0	2,250,235
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0234

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RHC WHCC	2,663,389	84,168	80,087	300,529	3,128,173	88.00
88.01 08801 RHC LMC	759,984	0	0	89,539	849,523	88.01
88.02 08802 RHC PMC	1,095,925	0	0	127,369	1,223,294	88.02
88.03 08803 RHC PPCC	1,217,908	47,879	45,557	130,798	1,442,142	88.03
88.04 08804 RHC OMC	1,103,531	0	0	113,582	1,217,113	88.04
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	3,078,393	103,861	98,824	166,372	3,447,450	90.00
91.00 09100 EMERGENCY	1,569,151	37,774	35,942	207,603	1,850,470	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	98,807	483	460	11,649	111,399	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER MEDICAL EQUIP	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	636,060	22,040	20,972	59,971	739,043	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	65,375,034	2,153,703	2,049,271	4,385,736	64,234,955	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,775	3,592	0	7,367	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 MOB	0	255,543	243,152	0	498,695	192.01
192.02 19202 COMMUNITY HEALTH	277,804	0	0	33,205	311,009	192.02
192.03 19203 OCCUPATIONAL MEDICINE	389,752	1,853	1,763	54,290	447,658	192.03
192.04 19204 FAMILY PHARMACY	0	0	0	0	0	192.04
192.05 19205 ADULT DAY CARE	504,685	0	0	53,089	557,774	192.05
192.06 19206 PERSONAL TOUCH	0	0	0	0	0	192.06
192.07 19207 IV HEALTH CORP	0	0	0	101,970	101,970	192.07
192.08 19208 PUBLIC RELATIONS	0	1,473	1,402	0	2,875	192.08
192.09 19209 UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10 19210 OGLESBY FAMILY MEDICINE	0	0	0	21,936	21,936	192.10
192.11 19211 FAST CARE	453,044	0	0	36,782	489,826	192.11
192.12 19212 IVCH CARE TODAY	0	0	0	0	0	192.12
192.13 19213 PPCC	0	0	0	33,563	33,563	192.13
192.14 19214 ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
192.15 19215 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.15
192.16 19216 STREATOR MEDICAL CLINIC	1,089,092	0	0	133,503	1,222,595	192.16
192.17 19217 STREATOR ORTHO CLINIC	1,113,006	0	0	130,413	1,243,419	192.17
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 OTHER PHYSICIANS' OFFICES	763,228	0	0	28,775	792,003	194.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	69,965,645	2,416,347	2,299,180	5,013,262	69,965,645	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0234

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

Worksheet B
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,887,309					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	626,033	0	4,429,994			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	40,845	0	113,795	402,825		8.00
9.00	00900	HOUSEKEEPING	256,114	0	76,542	11	1,888,890	9.00
10.00	01000	DIETARY	114,827	0	127,714	11	50,303	10.00
11.00	01100	CAFETERIA	111,216	0	74,567	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	119,207	0	42,129	0	3,593	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	56,391	0	82,746	4,027	29,044	14.00
15.00	01500	PHARMACY	160,232	0	38,950	0	14,372	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	171,113	0	52,036	0	5,839	16.00
17.00	01700	SOCIAL SERVICE	47,652	0	13,333	0	1,797	17.00
18.00	01851	OTHER GENERAL COST CENTER	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	941,958	0	890,788	195,115	481,915	30.00
31.00	03100	INTENSIVE CARE UNIT	183,792	0	106,387	11,683	227,709	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	35,819	0	28,642	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	622,039	0	253,731	50,200	161,238	50.00
50.01	05001	SAME DAY SURGERY	96,420	0	96,079	33,699	8,533	50.01
50.02	05002	LITHOTRIPSY	0	0	0	0	0	50.02
50.03	05003	ENDOSCOPY	79,448	0	0	0	229,954	50.03
51.00	05100	RECOVERY ROOM	3,198	0	26,697	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	36,213	0	40,370	3,254	0	52.00
53.00	05300	ANESTHESIOLOGY	99,434	0	65,925	2,743	24,702	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	605,229	0	247,743	33,803	53,446	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	555,520	0	107,406	153	40,871	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	46,787	0	124,350	5,855	0	64.00
65.00	06500	RESPIRATORY THERAPY	91,097	0	48,888	0	22,906	65.00
66.00	06600	PHYSICAL THERAPY	276,974	0	146,294	211	13,474	66.00
67.00	06700	OCCUPATIONAL THERAPY	25,024	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	17,875	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	36,572	0	16,543	2,439	13,025	69.00
69.02	06902	CARDIAC REHAB	22,833	0	107,221	0	23,804	69.02
69.03	06903	WOUND CARE	224,495	0	0	11,312	53,297	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	24,525	0	2,500	0	52,548	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	109,278	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	430,246	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	370,330	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC WHCC	514,816	0	225,706	0	0	88.00
88.01	08801	RHC LMC	139,809	0	0	0	0	88.01
88.02	08802	RHC PMC	201,322	0	0	0	0	88.02
88.03	08803	RHC PPCC	237,339	0	128,393	0	0	88.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0234

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
88.04	08804	RHC OMC	200,305	0	0	0	0	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	567,361	0	278,514	0	159,890	90.00
91.00	09100	EMERGENCY	304,539	0	101,295	30,947	105,545	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	18,333	0	1,296	6,595	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	121,627	0	59,104	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,944,187	0	3,725,684	392,058	1,777,805	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,212	0	10,123	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	MOB	82,072	0	685,267	0	0	192.01
192.02	19202	COMMUNITY HEALTH	51,184	0	0	0	30,391	192.02
192.03	19203	OCCUPATIONAL MEDICINE	73,673	0	4,969	0	0	192.03
192.04	19204	FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205	ADULT DAY CARE	91,795	0	0	3,652	0	192.05
192.06	19206	PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207	IV HEALTH CORP	16,782	0	0	0	0	192.07
192.08	19208	PUBLIC RELATIONS	473	0	3,951	0	0	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	3,610	0	0	0	0	192.10
192.11	19211	FAST CARE	80,613	0	0	0	0	192.11
192.12	19212	IVCH CARE TODAY	0	0	0	0	0	192.12
192.13	19213	PPCC	5,524	0	0	0	0	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.15
192.16	19216	STREATOR MEDICAL CLINIC	201,207	0	0	0	0	192.16
192.17	19217	STREATOR ORTHO CLINIC	204,634	0	0	0	0	192.17
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	130,343	0	0	7,115	80,694	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	9,887,309	0	4,429,994	402,825	1,888,890	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part I Date/Time Prepared: 11/30/2017 8:13 am		
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY
			10.00	11.00	12.00	13.00	14.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY	990,580				10.00
11.00	01100	CAFETERIA	0	861,566			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	18,126	0	907,390	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	13,318	0	0	528,172
15.00	01500	PHARMACY	0	20,414	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	48,568	0	0	0
17.00	01700	SOCIAL SERVICE	0	9,462	0	20,187	0
18.00	01851	OTHER GENERAL COST CENTER	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	408,359	186,991	0	398,975	0
31.00	03100	INTENSIVE CARE UNIT	38,060	24,142	0	51,493	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	4,577	0	9,789	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	42,937	0	91,572	0
50.01	05001	SAME DAY SURGERY	72,929	20,980	0	44,739	0
50.02	05002	LITHOTRIpsy	0	0	0	0	0
50.03	05003	ENDOSCOPY	0	10,439	0	22,263	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,068	0	12,967	0
53.00	05300	ANESTHESIOLOGY	0	14,089	0	30,053	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	55,509	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	57,515	0	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	5,528	0	11,804	0
65.00	06500	RESPIRATORY THERAPY	0	19,952	0	0	0
66.00	06600	PHYSICAL THERAPY	0	47,565	0	101,517	0
67.00	06700	OCCUPATIONAL THERAPY	0	4,037	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	3,214	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	10,644	0	0	0
69.02	06902	CARDIAC REHAB	0	2,982	0	0	0
69.03	06903	WOUND CARE	0	1,286	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,422	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	528,172
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RHC WHCC	0	42,963	0	0	0
88.01	08801	RHC LMC	0	0	0	0	0
88.02	08802	RHC PMC	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0234

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
88.03	08803	RHC PPCC	0	23,937	0	0	0	88.03
88.04	08804	RHC OMC	0	0	0	0	0	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	106,777	0	0	0	90.00
91.00	09100	EMERGENCY	7,182	52,527	0	112,031	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	2,597	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	526,530	861,566	0	907,390	528,172	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	MOB	0	0	0	0	0	192.01
192.02	19202	COMMUNITY HEALTH	0	0	0	0	0	192.02
192.03	19203	OCCUPATIONAL MEDICINE	0	0	0	0	0	192.03
192.04	19204	FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205	ADULT DAY CARE	125,989	0	0	0	0	192.05
192.06	19206	PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207	IV HEALTH CORP	0	0	0	0	0	192.07
192.08	19208	PUBLIC RELATIONS	0	0	0	0	0	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	0	0	0	0	192.10
192.11	19211	FAST CARE	0	0	0	0	0	192.11
192.12	19212	IVCH CARE TODAY	0	0	0	0	0	192.12
192.13	19213	PPCC	0	0	0	0	0	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.15
192.16	19216	STREATOR MEDICAL CLINIC	0	0	0	0	0	192.16
192.17	19217	STREATOR ORTHO CLINIC	0	0	0	0	0	192.17
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	338,061	0	0	0	0	194.00
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)	990,580	861,566	0	907,390	528,172	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0234

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From 07/01/2016
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	
				COST CENTER		
	15.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	1,207,583					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	1,317,286				16.00
17.00 01700 SOCIAL SERVICE	0	0	381,979			17.00
18.00 01851 OTHER GENERAL COST CENTER	0	0	0	0		18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	57,039	74,553	312,794	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	11,962	16,275	29,592	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	4,048	39,593	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	30,982	200,631	0	0	0	50.00
50.01 05001 SAME DAY SURGERY	725	14,137	0	0	0	50.01
50.02 05002 LI THOTRI PSY	0	0	0	0	0	50.02
50.03 05003 ENDOSCOPY	0	29,388	0	0	0	50.03
51.00 05100 RECOVERY ROOM	0	24,885	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	8,136	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	194,593	34,321	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	32,541	238,008	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	174,851	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	6,300	5,928	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	1,613	12,161	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	2,127	29,572	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	3,627	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	22	2,707	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	6,917	21,109	0	0	0	69.00
69.02 06902 CARDIAC REHAB	5	2,276	0	0	0	69.02
69.03 06903 WOUND CARE	0	27,195	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	7,334	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,288	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	46,887	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	107,138	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RHC WHCC	37,402	21,111	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

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

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS	
						OTHER GENERAL COST CENTER			
			15.00	16.00	17.00	18.00	19.00		
88.01	08801	RHC LMC	6,457	4,165	0	0	0	0	88.01
88.02	08802	RHC PMC	110,355	6,788	0	0	0	0	88.02
88.03	08803	RHC PPCC	0	9,066	0	0	0	0	88.03
88.04	08804	RHC OMC	12,790	6,118	0	0	0	0	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	602,665	83,160	0	0	0	0	90.00
91.00	09100	EMERGENCY	27,009	83,938	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART							92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	188	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00	11600	HOSPICE	1,364	4,297	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,142,868	1,317,286	381,979	0	0	0	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	MOB	0	0	0	0	0	0	192.01
192.02	19202	COMMUNITY HEALTH	200	0	0	0	0	0	192.02
192.03	19203	OCCUPATIONAL MEDICINE	49,835	0	0	0	0	0	192.03
192.04	19204	FAMILY PHARMACY	0	0	0	0	0	0	192.04
192.05	19205	ADULT DAY CARE	0	0	0	0	0	0	192.05
192.06	19206	PERSONAL TOUCH	0	0	0	0	0	0	192.06
192.07	19207	IV HEALTH CORP	0	0	0	0	0	0	192.07
192.08	19208	PUBLIC RELATIONS	0	0	0	0	0	0	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	0	0	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	0	0	0	0	0	192.10
192.11	19211	FAST CARE	4,769	0	0	0	0	0	192.11
192.12	19212	IVCH CARE TODAY	0	0	0	0	0	0	192.12
192.13	19213	PPCC	0	0	0	0	0	0	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	0	0	0	0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.15
192.16	19216	STREATOR MEDICAL CLINIC	9,911	0	0	0	0	0	192.16
192.17	19217	STREATOR ORTHO CLINIC	0	0	0	0	0	0	192.17
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	0	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,207,583	1,317,286	381,979	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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To 06/30/2017

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01851	OTHER GENERAL COST CENTER					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			0		22.00
23.00 02300	PARAMED PRGM			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	9,672,230	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	1,817,867	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	340,115	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	5,233,022	50.00
50.01 05001	SAME DAY SURGERY	0	0	0	974,118	50.01
50.02 05002	LITHOTRIpsy	0	0	0	0	50.02
50.03 05003	ENDOSCOPY	0	0	0	854,244	50.03
51.00 05100	RECOVERY ROOM	0	0	0	74,209	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	327,046	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	1,070,053	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,943,831	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	4,311,820	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	490,844	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	750,152	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	2,300,708	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	184,743	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	132,429	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	329,470	69.00
69.02 06902	CARDIAC REHAB	0	0	0	297,860	69.02
69.03 06903	WOUND CARE	0	0	0	1,681,682	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	240,352	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,314,743	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,091,435	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,727,703	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RHC WHCC	0	0	0	3,970,171	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0234

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2017 8:13 am

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
88.01 08801 RHC LMC	0	0	0	0	999,954	88.01
88.02 08802 RHC PMC	0	0	0	0	1,541,759	88.02
88.03 08803 RHC PPCC	0	0	0	0	1,840,877	88.03
88.04 08804 RHC OMC	0	0	0	0	1,436,326	88.04
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	5,245,817	90.00
91.00 09100 EMERGENCY	0	0	0	0	2,675,483	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	140,408	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER MEDICAL EQUIP	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	925,435	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	61,936,906	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	18,702	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 MOB	0	0	0	0	1,266,034	192.01
192.02 19202 COMMUNITY HEALTH	0	0	0	0	392,784	192.02
192.03 19203 OCCUPATIONAL MEDICINE	0	0	0	0	576,135	192.03
192.04 19204 FAMILY PHARMACY	0	0	0	0	0	192.04
192.05 19205 ADULT DAY CARE	0	0	0	0	779,210	192.05
192.06 19206 PERSONAL TOUCH	0	0	0	0	0	192.06
192.07 19207 IV HEALTH CORP	0	0	0	0	118,752	192.07
192.08 19208 PUBLIC RELATIONS	0	0	0	0	7,299	192.08
192.09 19209 UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10 19210 OGLESBY FAMILY MEDICINE	0	0	0	0	25,546	192.10
192.11 19211 FAST CARE	0	0	0	0	575,208	192.11
192.12 19212 IVCH CARE TODAY	0	0	0	0	0	192.12
192.13 19213 PPCC	0	0	0	0	39,087	192.13
192.14 19214 ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
192.15 19215 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.15
192.16 19216 STREATOR MEDICAL CLINIC	0	0	0	0	1,433,713	192.16
192.17 19217 STREATOR ORTHO CLINIC	0	0	0	0	1,448,053	192.17
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 OTHER PHYSICIANS' OFFICES	0	0	0	0	1,348,216	194.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	69,965,645	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0234

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2017 8:13 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00	
5.00	00500	ADMINISTRATIVE & GENERAL		5.00	
6.00	00600	MAINTENANCE & REPAIRS		6.00	
7.00	00700	OPERATION OF PLANT		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE		8.00	
9.00	00900	HOUSEKEEPING		9.00	
10.00	01000	DIETARY		10.00	
11.00	01100	CAFETERIA		11.00	
12.00	01200	MAINTENANCE OF PERSONNEL		12.00	
13.00	01300	NURSING ADMINISTRATION		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00	
15.00	01500	PHARMACY		15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00	
17.00	01700	SOCIAL SERVICE		17.00	
18.00	01851	OTHER GENERAL COST CENTER		18.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00	
20.00	02000	NURSING SCHOOL		20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00	
23.00	02300	PARAMED ED PRGM		23.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	9,672,230	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,817,867	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	340,115	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	5,233,022	50.00
50.01	05001	SAME DAY SURGERY	0	974,118	50.01
50.02	05002	LITHOTRIpsy	0	0	50.02
50.03	05003	ENDOSCOPY	0	854,244	50.03
51.00	05100	RECOVERY ROOM	0	74,209	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	327,046	52.00
53.00	05300	ANESTHESIOLOGY	0	1,070,053	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,943,831	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	4,311,820	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	490,844	64.00
65.00	06500	RESPIRATORY THERAPY	0	750,152	65.00
66.00	06600	PHYSICAL THERAPY	0	2,300,708	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	184,743	67.00
68.00	06800	SPEECH PATHOLOGY	0	132,429	68.00
69.00	06900	ELECTROCARDIOLOGY	0	329,470	69.00
69.02	06902	CARDIAC REHAB	0	297,860	69.02
69.03	06903	WOUND CARE	0	1,681,682	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	240,352	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,314,743	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,091,435	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,727,703	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RHC WHCC	0	3,970,171	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0234

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2017 8:13 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
88.01	08801	RHC LMC	0	999,954	88.01
88.02	08802	RHC PMC	0	1,541,759	88.02
88.03	08803	RHC PPCC	0	1,840,877	88.03
88.04	08804	RHC OMC	0	1,436,326	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	5,245,817	90.00
91.00	09100	EMERGENCY	0	2,675,483	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	140,408	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	925,435	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	61,936,906	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,702	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	MOB	0	1,266,034	192.01
192.02	19202	COMMUNITY HEALTH	0	392,784	192.02
192.03	19203	OCCUPATIONAL MEDICINE	0	576,135	192.03
192.04	19204	FAMILY PHARMACY	0	0	192.04
192.05	19205	ADULT DAY CARE	0	779,210	192.05
192.06	19206	PERSONAL TOUCH	0	0	192.06
192.07	19207	IV HEALTH CORP	0	118,752	192.07
192.08	19208	PUBLIC RELATIONS	0	7,299	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	25,546	192.10
192.11	19211	FAST CARE	0	575,208	192.11
192.12	19212	IVCH CARE TODAY	0	0	192.12
192.13	19213	PPCC	0	39,087	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	192.15
192.16	19216	STREATOR MEDICAL CLINIC	0	1,433,713	192.16
192.17	19217	STREATOR ORTHO CLINIC	0	1,448,053	192.17
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	0	1,348,216	194.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	69,965,645	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/30/2017 8:13 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	9,944	9,462	19,406	19,406 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	381,683	363,178	744,861	2,775 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	372,731	354,658	727,389	520 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	42,435	40,377	82,812	0 8.00
9.00 00900	HOUSEKEEPING	0	28,543	27,159	55,702	0 9.00
10.00 01000	DIETARY	0	47,626	45,316	92,942	133 10.00
11.00 01100	CAFETERIA	0	27,807	26,458	54,265	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	15,710	14,949	30,659	388 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	30,857	29,360	60,217	123 14.00
15.00 01500	PHARMACY	0	14,525	13,821	28,346	429 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	19,405	18,464	37,869	453 16.00
17.00 01700	SOCIAL SERVICE	0	4,972	4,731	9,703	156 17.00
18.00 01851	OTHER GENERAL COST CENTER	0	0	0	0	0 18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED PRGM	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	332,184	316,076	648,260	2,393 30.00
31.00 03100	INTENSIVE CARE UNIT	0	39,673	37,749	77,422	393 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	10,681	10,163	20,844	69 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	94,619	90,031	184,650	686 50.00
50.01 05001	SAME DAY SURGERY	0	35,829	34,091	69,920	277 50.01
50.02 05002	LITHOTRIPSY	0	0	0	0	0 50.02
50.03 05003	ENDOSCOPY	0	0	0	0	157 50.03
51.00 05100	RECOVERY ROOM	0	9,956	9,473	19,429	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	15,054	14,324	29,378	97 52.00
53.00 05300	ANESTHESIOLOGY	0	24,584	23,392	47,976	166 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	92,386	87,906	180,292	888 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	40,053	38,110	78,163	699 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	46,371	44,123	90,494	101 64.00
65.00 06500	RESPIRATORY THERAPY	0	18,231	17,347	35,578	295 65.00
66.00 06600	PHYSICAL THERAPY	0	54,554	51,909	106,463	747 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	87 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	64 68.00
69.00 06900	ELECTROCARDIOLOGY	0	6,169	5,870	12,039	19 69.00
69.02 06902	CARDIAC REHAB	0	39,984	38,045	78,029	33 69.02
69.03 06903	WOUND CARE	0	0	0	0	83 69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	0	932	887	1,819	70 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
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0234

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

Worksheet B
Part II
Date/Time Prepared:
11/30/2017 8:13 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
		0	1.00				2.00	2A
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC WHCC	0	84,168	80,087	164,255	1,164	88.00
88.01	08801	RHC LMC	0	0	0	0	347	88.01
88.02	08802	RHC PMC	0	0	0	0	493	88.02
88.03	08803	RHC PPCC	0	47,879	45,557	93,436	506	88.03
88.04	08804	RHC OMC	0	0	0	0	440	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	103,861	98,824	202,685	644	90.00
91.00	09100	EMERGENCY	0	37,774	35,942	73,716	804	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	483	460	943	45	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	22,040	20,972	43,012	232	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	2,153,703	2,049,271	4,202,974	16,976	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,775	3,592	7,367	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	MOB	0	255,543	243,152	498,695	0	192.01
192.02	19202	COMMUNITY HEALTH	0	0	0	0	129	192.02
192.03	19203	OCCUPATIONAL MEDICINE	0	1,853	1,763	3,616	210	192.03
192.04	19204	FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205	ADULT DAY CARE	0	0	0	0	206	192.05
192.06	19206	PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207	IV HEALTH CORP	0	0	0	0	395	192.07
192.08	19208	PUBLIC RELATIONS	0	1,473	1,402	2,875	0	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	0	0	0	85	192.10
192.11	19211	FAST CARE	0	0	0	0	142	192.11
192.12	19212	IVCH CARE TODAY	0	0	0	0	0	192.12
192.13	19213	PPCC	0	0	0	0	130	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.15
192.16	19216	STREATOR MEDICAL CLINIC	0	0	0	0	517	192.16
192.17	19217	STREATOR ORTHO CLINIC	0	0	0	0	505	192.17
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	0	0	0	0	111	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	2,416,347	2,299,180	4,715,527	19,406	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/30/2017 8:13 am		
Cost Center Description			ADMINISTRATIVE & GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	747,636				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	47,336	0	775,245		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,088	0	19,914	105,814	8.00
9.00	00900	HOUSEKEEPING	19,366	0	13,395	3	88,466
10.00	01000	DIETARY	8,682	0	22,350	3	2,356
11.00	01100	CAFETERIA	8,409	0	13,049	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	9,014	0	7,373	0	168
14.00	01400	CENTRAL SERVICES & SUPPLY	4,264	0	14,480	1,058	1,360
15.00	01500	PHARMACY	12,116	0	6,816	0	673
16.00	01600	MEDICAL RECORDS & LIBRARY	12,938	0	9,106	0	273
17.00	01700	SOCIAL SERVICE	3,603	0	2,333	0	84
18.00	01851	OTHER GENERAL COST CENTER	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	71,249	0	155,887	51,253	22,572
31.00	03100	INTENSIVE CARE UNIT	13,897	0	18,618	3,069	10,665
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	2,708	0	5,012	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,034	0	44,403	13,187	7,552
50.01	05001	SAME DAY SURGERY	7,291	0	16,814	8,852	400
50.02	05002	LITHOTRIPSY	0	0	0	0	0
50.03	05003	ENDOSCOPY	6,007	0	0	0	10,770
51.00	05100	RECOVERY ROOM	242	0	4,672	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,738	0	7,065	855	0
53.00	05300	ANESTHESIOLOGY	7,519	0	11,537	721	1,157
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,763	0	43,355	8,879	2,503
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	42,005	0	18,796	40	1,914
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	3,538	0	21,761	1,538	0
65.00	06500	RESPIRATORY THERAPY	6,888	0	8,555	0	1,073
66.00	06600	PHYSICAL THERAPY	20,943	0	25,601	55	631
67.00	06700	OCCUPATIONAL THERAPY	1,892	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	1,352	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	2,765	0	2,895	641	610
69.02	06902	CARDIAC REHAB	1,726	0	18,764	0	1,115
69.03	06903	WOUND CARE	16,975	0	0	2,971	2,496
70.00	07000	ELECTROENCEPHALOGRAPHY	1,854	0	437	0	2,461
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,263	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,532	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	28,002	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RHC WHCC	38,927	0	39,498	0	0
88.01	08801	RHC LMC	10,571	0	0	0	0
88.02	08802	RHC PMC	15,223	0	0	0	0
88.03	08803	RHC PPCC	17,946	0	22,469	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0234

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

Worksheet B
Part II
Date/Time Prepared:
11/30/2017 8:13 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
88.04	08804	RHC OMC	15,146	0	0	0	0	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	42,900	0	48,740	0	7,488	90.00
91.00	09100	EMERGENCY	23,027	0	17,726	8,129	4,943	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	1,386	0	227	1,732	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	9,197	0	10,343	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	676,322	0	651,991	102,986	83,264	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	92	0	1,772	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	MOB	6,206	0	119,921	0	0	192.01
192.02	19202	COMMUNITY HEALTH	3,870	0	0	0	1,423	192.02
192.03	19203	OCCUPATIONAL MEDICINE	5,571	0	870	0	0	192.03
192.04	19204	FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205	ADULT DAY CARE	6,941	0	0	959	0	192.05
192.06	19206	PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207	IV HEALTH CORP	1,269	0	0	0	0	192.07
192.08	19208	PUBLIC RELATIONS	36	0	691	0	0	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	273	0	0	0	0	192.10
192.11	19211	FAST CARE	6,095	0	0	0	0	192.11
192.12	19212	IVCH CARE TODAY	0	0	0	0	0	192.12
192.13	19213	PPCC	418	0	0	0	0	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.15
192.16	19216	STREATOR MEDICAL CLINIC	15,214	0	0	0	0	192.16
192.17	19217	STREATOR ORTHO CLINIC	15,473	0	0	0	0	192.17
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	9,856	0	0	1,869	3,779	194.00
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)	747,636	0	775,245	105,814	88,466	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0234		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/30/2017 8:13 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	126,466					10.00
11.00	01100	CAFETERIA	0	75,723				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	1,593		49,195		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,171		0	82,673	14.00
15.00	01500	PHARMACY	0	1,794		0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,269		0	0	16.00
17.00	01700	SOCIAL SERVICE	0	832		1,094	0	17.00
18.00	01851	OTHER GENERAL COST CENTER	0	0		0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		0	0	19.00
20.00	02000	NURSING SCHOOL	0	0		0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		0	0	22.00
23.00	02300	PARAMED PRGM	0	0		0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	52,134	16,433	0	21,630	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,859	2,122	0	2,792	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	402	0	531	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,774	0	4,965	0	50.00
50.01	05001	SAME DAY SURGERY	9,311	1,844	0	2,426	0	50.01
50.02	05002	LITHOTRIpsy	0	0	0	0	0	50.02
50.03	05003	ENDOSCOPY	0	917	0	1,207	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	533	0	703	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,238	0	1,629	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,879	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	5,055	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	486	0	640	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,754	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,180	0	5,504	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	355	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	282	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	936	0	0	0	69.00
69.02	06902	CARDIAC REHAB	0	262	0	0	0	69.02
69.03	06903	WOUND CARE	0	113	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	389	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	82,673	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC WHCC	0	3,776	0	0	0	88.00
88.01	08801	RHC LMC	0	0	0	0	0	88.01
88.02	08802	RHC PMC	0	0	0	0	0	88.02

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0234		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/30/2017 8:13 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
88.03	08803	RHC PPCC	0	2,104	0	0	0	88.03
88.04	08804	RHC OMC	0	0	0	0	0	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	9,385	0	0	0	90.00
91.00	09100	EMERGENCY	917	4,617	0	6,074	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	228	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	67,221	75,723	0	49,195	82,673	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	MOB	0	0	0	0	0	192.01
192.02	19202	COMMUNITY HEALTH	0	0	0	0	0	192.02
192.03	19203	OCCUPATIONAL MEDICINE	0	0	0	0	0	192.03
192.04	19204	FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205	ADULT DAY CARE	16,085	0	0	0	0	192.05
192.06	19206	PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207	IV HEALTH CORP	0	0	0	0	0	192.07
192.08	19208	PUBLIC RELATIONS	0	0	0	0	0	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	0	0	0	0	192.10
192.11	19211	FAST CARE	0	0	0	0	0	192.11
192.12	19212	IVCH CARE TODAY	0	0	0	0	0	192.12
192.13	19213	PPCC	0	0	0	0	0	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.15
192.16	19216	STREATOR MEDICAL CLINIC	0	0	0	0	0	192.16
192.17	19217	STREATOR ORTHO CLINIC	0	0	0	0	0	192.17
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	43,160	0	0	0	0	194.00
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)	126,466	75,723	0	49,195	82,673	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/30/2017 8:13 am	
Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	OTHER GENERAL COST CENTER	NONPHYSICIAN ANESTHETISTS
	15.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY	50,174				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	64,908			16.00
17.00 01700	SOCIAL SERVICE	0	0	17,805		17.00
18.00 01851	OTHER GENERAL COST CENTER	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	2,370	3,678	14,580	0	30.00
31.00 03100	INTENSIVE CARE UNIT	497	803	1,379	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	200	1,846	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,287	9,897	0	0	50.00
50.01 05001	SAME DAY SURGERY	30	697	0	0	50.01
50.02 05002	LITHOTRIpsy	0	0	0	0	50.02
50.03 05003	ENDOSCOPY	0	1,450	0	0	50.03
51.00 05100	RECOVERY ROOM	0	1,228	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	401	0	0	52.00
53.00 05300	ANESTHESIOLOGY	8,085	1,693	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,352	11,667	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	8,625	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	262	292	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	67	600	0	0	65.00
66.00 06600	PHYSICAL THERAPY	88	1,459	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	179	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	1	134	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	287	1,041	0	0	69.00
69.02 06902	CARDIAC REHAB	0	112	0	0	69.02
69.03 06903	WOUND CARE	0	1,342	0	0	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	0	362	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	656	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,313	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	5,285	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RHC WHCC	1,554	1,041	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0234

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

Worksheet B
Part II
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS
						OTHER GENERAL COST CENTER		
			15.00	16.00	17.00	18.00	19.00	
88.01	08801	RHC LMC	268	205	0	0		88.01
88.02	08802	RHC PMC	4,585	335	0	0		88.02
88.03	08803	RHC PPCC	0	447	0	0		88.03
88.04	08804	RHC OMC	531	302	0	0		88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	09000	CLINIC	25,042	4,102	0	0		90.00
91.00	09100	EMERGENCY	1,122	4,141	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	9	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0	0		98.00
99.00	09900	CMHC	0	0	0	0		99.00
99.10	09910	CORF	0	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	11600	HOSPICE	57	212	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	47,485	64,908	17,805	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	MOB	0	0	0	0		192.01
192.02	19202	COMMUNITY HEALTH	8	0	0	0		192.02
192.03	19203	OCCUPATIONAL MEDICINE	2,071	0	0	0		192.03
192.04	19204	FAMILY PHARMACY	0	0	0	0		192.04
192.05	19205	ADULT DAY CARE	0	0	0	0		192.05
192.06	19206	PERSONAL TOUCH	0	0	0	0		192.06
192.07	19207	IV HEALTH CORP	0	0	0	0		192.07
192.08	19208	PUBLIC RELATIONS	0	0	0	0		192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	0	0		192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	0	0	0		192.10
192.11	19211	FAST CARE	198	0	0	0		192.11
192.12	19212	IVCH CARE TODAY	0	0	0	0		192.12
192.13	19213	PPCC	0	0	0	0		192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	0	0		192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.15
192.16	19216	STREATOR MEDICAL CLINIC	412	0	0	0		192.16
192.17	19217	STREATOR ORTHO CLINIC	0	0	0	0		192.17
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	0	0	0	0		194.00
200.00		Cross Foot Adjustments						0200.00
201.00		Negative Cost Centers	0	0	0	0		0201.00
202.00		TOTAL (sum lines 118-201)	50,174	64,908	17,805	0	0	0202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0234

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

Worksheet B
Part II
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01851	OTHER GENERAL COST CENTER					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			0		22.00
23.00 02300	PARAMED PRGM			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				1,062,439	30.00
31.00 03100	INTENSIVE CARE UNIT				136,516	31.00
32.00 03200	CORONARY CARE UNIT				0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT				0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT				0	34.00
40.00 04000	SUBPROVIDER - IPF				0	40.00
41.00 04100	SUBPROVIDER - IRF				0	41.00
42.00 04200	SUBPROVIDER				0	42.00
43.00 04300	NURSERY				31,612	43.00
44.00 04400	SKILLED NURSING FACILITY				0	44.00
45.00 04500	NURSING FACILITY				0	45.00
46.00 04600	OTHER LONG TERM CARE				0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				317,435	50.00
50.01 05001	SAME DAY SURGERY				117,862	50.01
50.02 05002	LITHOTRIpsy				0	50.02
50.03 05003	ENDOSCOPY				20,508	50.03
51.00 05100	RECOVERY ROOM				25,571	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				41,770	52.00
53.00 05300	ANESTHESIOLOGY				81,721	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				299,578	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC				0	55.00
56.00 05600	RADIOISOTOPE				0	56.00
57.00 05700	CT SCAN				0	57.00
58.00 05800	MRI				0	58.00
59.00 05900	CARDIAC CATHETERIZATION				0	59.00
60.00 06000	LABORATORY				155,297	60.00
60.01 06001	BLOOD LABORATORY				0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL				0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.				0	63.00
64.00 06400	INTRAVENOUS THERAPY				119,112	64.00
65.00 06500	RESPIRATORY THERAPY				54,810	65.00
66.00 06600	PHYSICAL THERAPY				165,671	66.00
67.00 06700	OCCUPATIONAL THERAPY				2,513	67.00
68.00 06800	SPEECH PATHOLOGY				1,833	68.00
69.00 06900	ELECTROCARDIOLOGY				21,233	69.00
69.02 06902	CARDIAC REHAB				100,041	69.02
69.03 06903	WOUND CARE				23,980	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY				7,392	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				91,592	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				34,845	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				33,287	73.00
74.00 07400	RENAL DIALYSIS				0	74.00
75.00 07500	ASC (NON-DISTINCT PART)				0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RHC WHCC				250,215	88.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/30/2017 8:13 am
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Cost Center	Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
		NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			APPRV	APPRV				
20.00		21.00	22.00	23.00	24.00			
88.01	08801 RHC LMC					11,391	88.01	
88.02	08802 RHC PMC					20,636	88.02	
88.03	08803 RHC PPCC					136,908	88.03	
88.04	08804 RHC OMC					16,419	88.04	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER					0	89.00	
90.00	09000 CLINIC					340,986	90.00	
91.00	09100 EMERGENCY					145,216	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400 HOME PROGRAM DIALYSIS					0	94.00	
95.00	09500 AMBULANCE SERVICES					4,570	95.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED					0	96.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD					0	97.00	
98.00	09850 OTHER MEDICAL EQUIP					0	98.00	
99.00	09900 CMHC					0	99.00	
99.10	09910 CORF					0	99.10	
100.00	10000 I&R SERVICES-NOT APPRVD PRGM					0	100.00	
101.00	10100 HOME HEALTH AGENCY					0	101.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500 KIDNEY ACQUISITION					0	105.00	
106.00	10600 HEART ACQUISITION					0	106.00	
107.00	10700 LIVER ACQUISITION					0	107.00	
108.00	10800 LUNG ACQUISITION					0	108.00	
109.00	10900 PANCREAS ACQUISITION					0	109.00	
110.00	11000 INTESTINAL ACQUISITION					0	110.00	
111.00	11100 ISLET ACQUISITION					0	111.00	
113.00	11300 INTEREST EXPENSE					0	113.00	
114.00	11400 UTILIZATION REVIEW-SNF					0	114.00	
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)					0	115.00	
116.00	11600 HOSPICE					63,053	116.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	3,936,012	118.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					9,231	190.00	
191.00	19100 RESEARCH					0	191.00	
192.00	19200 PHYSICIANS' PRIVATE OFFICES					0	192.00	
192.01	19201 MOB					624,822	192.01	
192.02	19202 COMMUNITY HEALTH					5,430	192.02	
192.03	19203 OCCUPATIONAL MEDICINE					12,338	192.03	
192.04	19204 FAMILY PHARMACY					0	192.04	
192.05	19205 ADULT DAY CARE					24,191	192.05	
192.06	19206 PERSONAL TOUCH					0	192.06	
192.07	19207 IV HEALTH CORP					1,664	192.07	
192.08	19208 PUBLIC RELATIONS					3,602	192.08	
192.09	19209 UTICA MEDICAL CENTER					0	192.09	
192.10	19210 OGLESBY FAMILY MEDICINE					358	192.10	
192.11	19211 FAST CARE					6,435	192.11	
192.12	19212 IVCH CARE TODAY					0	192.12	
192.13	19213 PPCC					548	192.13	
192.14	19214 ADULT MEDICINE CLINIC					0	192.14	
192.15	19215 PHYSICIANS' PRIVATE OFFICES					0	192.15	
192.16	19216 STREATOR MEDICAL CLINIC					16,143	192.16	
192.17	19217 STREATOR ORTHO CLINIC					15,978	192.17	
193.00	19300 NONPAID WORKERS					0	193.00	
194.00	07950 OTHER PHYSICIANS' OFFICES					58,775	194.00	
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)	0	0	0	0	4,715,527	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0234

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

Worksheet B
Part II
Date/Time Prepared:
11/30/2017 8:13 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01851	OTHER GENERAL COST CENTER		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	1,062,439	30.00
31.00	03100	INTENSIVE CARE UNIT	136,516	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	31,612	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	317,435	50.00
50.01	05001	SAME DAY SURGERY	117,862	50.01
50.02	05002	LITHOTRIpsy	0	50.02
50.03	05003	ENDOSCOPY	20,508	50.03
51.00	05100	RECOVERY ROOM	25,571	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	41,770	52.00
53.00	05300	ANESTHESIOLOGY	81,721	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	299,578	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	155,297	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	119,112	64.00
65.00	06500	RESPIRATORY THERAPY	54,810	65.00
66.00	06600	PHYSICAL THERAPY	165,671	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,513	67.00
68.00	06800	SPEECH PATHOLOGY	1,833	68.00
69.00	06900	ELECTROCARDIOLOGY	21,233	69.00
69.02	06902	CARDIAC REHAB	100,041	69.02
69.03	06903	WOUND CARE	23,980	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	7,392	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	91,592	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,845	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,287	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RHC WHCC	250,215	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0234

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

Worksheet B
Part II
Date/Time Prepared:
11/30/2017 8:13 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
88.01	08801	RHC LMC	0	11,391	88.01
88.02	08802	RHC PMC	0	20,636	88.02
88.03	08803	RHC PPCC	0	136,908	88.03
88.04	08804	RHC OMC	0	16,419	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	340,986	90.00
91.00	09100	EMERGENCY	0	145,216	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	4,570	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	63,053	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	3,936,012	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,231	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	MOB	0	624,822	192.01
192.02	19202	COMMUNITY HEALTH	0	5,430	192.02
192.03	19203	OCCUPATIONAL MEDICINE	0	12,338	192.03
192.04	19204	FAMILY PHARMACY	0	0	192.04
192.05	19205	ADULT DAY CARE	0	24,191	192.05
192.06	19206	PERSONAL TOUCH	0	0	192.06
192.07	19207	IV HEALTH CORP	0	1,664	192.07
192.08	19208	PUBLIC RELATIONS	0	3,602	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	358	192.10
192.11	19211	FAST CARE	0	6,435	192.11
192.12	19212	IVCH CARE TODAY	0	0	192.12
192.13	19213	PPCC	0	548	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	192.15
192.16	19216	STREATOR MEDICAL CLINIC	0	16,143	192.16
192.17	19217	STREATOR ORTHO CLINIC	0	15,978	192.17
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	0	58,775	194.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	4,715,527	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0234

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

Worksheet B-1

Date/Time Prepared:
11/30/2017 8:13 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	209,946				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		209,946			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	864	864	27,931,303		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	33,163	33,163	4,003,212	-9,887,309	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	32,385	32,385	747,712	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	3,687	3,687	0	0	8.00
9.00 00900	HOUSEKEEPING	2,480	2,480	0	0	9.00
10.00 01000	DIETARY	4,138	4,138	191,110	0	10.00
11.00 01100	CAFETERIA	2,416	2,416	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	1,365	1,365	557,884	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,681	2,681	177,272	0	14.00
15.00 01500	PHARMACY	1,262	1,262	617,086	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,686	1,686	651,220	0	16.00
17.00 01700	SOCIAL SERVICE	432	432	223,774	0	17.00
18.00 01851	OTHER GENERAL COST CENTER	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	28,862	28,862	3,442,659	0	30.00
31.00 03100	INTENSIVE CARE UNIT	3,447	3,447	564,983	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	928	928	99,378	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	8,221	8,221	987,440	0	50.00
50.01 05001	SAME DAY SURGERY	3,113	3,113	398,923	0	50.01
50.02 05002	LITHOTRIPSY	0	0	0	0	50.02
50.03 05003	ENDOSCOPY	0	0	225,250	0	50.03
51.00 05100	RECOVERY ROOM	865	865	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,308	1,308	139,113	0	52.00
53.00 05300	ANESTHESIOLOGY	2,136	2,136	239,267	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,027	8,027	1,277,623	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	3,480	3,480	1,006,191	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	4,029	4,029	145,858	0	64.00
65.00 06500	RESPIRATORY THERAPY	1,584	1,584	424,551	0	65.00
66.00 06600	PHYSICAL THERAPY	4,740	4,740	1,075,096	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	125,016	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	91,601	0	68.00
69.00 06900	ELECTROCARDIOLOGY	536	536	27,665	0	69.00
69.02 06902	CARDIAC REHAB	3,474	3,474	47,828	0	69.02
69.03 06903	WOUND CARE	0	0	120,115	0	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	81	81	100,117	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
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0234

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

Worksheet B-1

Date/Time Prepared:
11/30/2017 8:13 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RHC WHCC	7,313	7,313	1,674,397	0	3,128,173	88.00
88.01 08801 RHC LMC	0	0	498,866	0	849,523	88.01
88.02 08802 RHC PMC	0	0	709,638	0	1,223,294	88.02
88.03 08803 RHC PPCC	4,160	4,160	728,738	0	1,442,142	88.03
88.04 08804 RHC OMC	0	0	632,822	0	1,217,113	88.04
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	9,024	9,024	926,939	0	3,447,450	90.00
91.00 09100 EMERGENCY	3,282	3,282	1,156,661	0	1,850,470	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	42	42	64,905	0	111,399	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER MEDICAL EQUIP	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	1,915	1,915	334,127	0	739,043	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	187,126	187,126	24,435,037	-9,887,309	54,347,646	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEN	328	328	0	0	7,367	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 MOB	22,203	22,203	0	0	498,695	192.01
192.02 19202 COMMUNITY HEALTH	0	0	184,999	0	311,009	192.02
192.03 19203 OCCUPATIONAL MEDICINE	161	161	302,478	0	447,658	192.03
192.04 19204 FAMILY PHARMACY	0	0	0	0	0	192.04
192.05 19205 ADULT DAY CARE	0	0	295,787	0	557,774	192.05
192.06 19206 PERSONAL TOUCH	0	0	0	0	0	192.06
192.07 19207 IV HEALTH CORP	0	0	568,123	0	101,970	192.07
192.08 19208 PUBLIC RELATIONS	128	128	0	0	2,875	192.08
192.09 19209 UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10 19210 OGLESBY FAMILY MEDICINE	0	0	122,219	0	21,936	192.10
192.11 19211 FAST CARE	0	0	204,932	0	489,826	192.11
192.12 19212 IVCH CARE TODAY	0	0	0	0	0	192.12
192.13 19213 PPCC	0	0	186,998	0	33,563	192.13
192.14 19214 ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
192.15 19215 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.15
192.16 19216 STREATOR MEDICAL CLINIC	0	0	743,814	0	1,222,595	192.16
192.17 19217 STREATOR ORTHO CLINIC	0	0	726,597	0	1,243,419	192.17
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 OTHER PHYSICIANS' OFFICES	0	0	160,319	0	792,003	194.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	2,416,347	2,299,180	5,013,262		9,887,309	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.179485		0.164574	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		19,406		747,636	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.000695		0.012444	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-0234		Period: From 07/01/2016 To 06/30/2017		Worksheet B-1	
Date/Time Prepared: 11/30/2017 8:13 am							
Cost Center	Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	0					6.00
7.00	00700		143,534				7.00
8.00	00800		3,687	365,469			8.00
9.00	00900	0	2,480	10	12,617		9.00
10.00	01000	0	4,138	10	336	65,510	10.00
11.00	01100	0	2,416	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	1,365	0	24	0	13.00
14.00	01400	0	2,681	3,654	194	0	14.00
15.00	01500	0	1,262	0	96	0	15.00
16.00	01600	0	1,686	0	39	0	16.00
17.00	01700	0	432	0	12	0	17.00
18.00	01851	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	28,862	177,021	3,219	27,006	30.00
31.00	03100	0	3,447	10,600	1,521	2,517	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	928	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	8,221	45,545	1,077	0	50.00
50.01	05001	0	3,113	30,574	57	4,823	50.01
50.02	05002	0	0	0	0	0	50.02
50.03	05003	0	0	0	1,536	0	50.03
51.00	05100	0	865	0	0	0	51.00
52.00	05200	0	1,308	2,952	0	0	52.00
53.00	05300	0	2,136	2,489	165	0	53.00
54.00	05400	0	8,027	30,668	357	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	3,480	139	273	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	4,029	5,312	0	0	64.00
65.00	06500	0	1,584	0	153	0	65.00
66.00	06600	0	4,740	191	90	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	536	2,213	87	0	69.00
69.02	06902	0	3,474	0	159	0	69.02
69.03	06903	0	0	10,263	356	0	69.03
70.00	07000	0	81	0	351	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
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	7,313	0	0	0	88.00
88.01	08801	0	0	0	0	0	88.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0234

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

Worksheet B-1

Date/Time Prepared:
11/30/2017 8:13 am

Cost Center Description		MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
88.02	08802 RHC PMC	0	0	0	0	0	88.02
88.03	08803 RHC PPCC	0	4,160	0	0	0	88.03
88.04	08804 RHC OMC	0	0	0	0	0	88.04
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	9,024	0	1,068	0	90.00
91.00	09100 EMERGENCY	0	3,282	28,077	705	475	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	42	5,983	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER MEDICAL EQUIP	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	1,915	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	0	120,714	355,701	11,875	34,821	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	328	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 MOB	0	22,203	0	0	0	192.01
192.02	19202 COMMUNITY HEALTH	0	0	0	203	0	192.02
192.03	19203 OCCUPATIONAL MEDICINE	0	161	0	0	0	192.03
192.04	19204 FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205 ADULT DAY CARE	0	0	3,313	0	8,332	192.05
192.06	19206 PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207 IV HEALTH CORP	0	0	0	0	0	192.07
192.08	19208 PUBLIC RELATIONS	0	128	0	0	0	192.08
192.09	19209 UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10	19210 OGLESBY FAMILY MEDICINE	0	0	0	0	0	192.10
192.11	19211 FAST CARE	0	0	0	0	0	192.11
192.12	19212 IVCH CARE TODAY	0	0	0	0	0	192.12
192.13	19213 PPCC	0	0	0	0	0	192.13
192.14	19214 ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
192.15	19215 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.15
192.16	19216 STREATOR MEDICAL CLINIC	0	0	0	0	0	192.16
192.17	19217 STREATOR ORTHO CLINIC	0	0	0	0	0	192.17
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OTHER PHYSICIANS' OFFICES	0	0	6,455	539	22,357	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	4,429,994	402,825	1,888,890	990,580	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	30.863726	1.102214	149.709915	15.121050	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	775,245	105,814	88,466	126,466	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	5.401124	0.289529	7.011651	1.930484	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0234

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

Worksheet B-1

Date/Time Prepared:
11/30/2017 8:13 am

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	33,510					11.00
12.00	01200	0	0				12.00
13.00	01300	705	0	344,081			13.00
14.00	01400	518	0	0	100		14.00
15.00	01500	794	0	0	0	223,101	15.00
16.00	01600	1,889	0	0	0	0	16.00
17.00	01700	368	0	7,655	0	0	17.00
18.00	01851	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	7,273	0	151,291	0	10,538	30.00
31.00	03100	939	0	19,526	0	2,210	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	178	0	3,712	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,670	0	34,724	0	5,724	50.00
50.01	05001	816	0	16,965	0	134	50.01
50.02	05002	0	0	0	0	0	50.02
50.03	05003	406	0	8,442	0	0	50.03
51.00	05100	0	0	0	0	0	51.00
52.00	05200	236	0	4,917	0	0	52.00
53.00	05300	548	0	11,396	0	35,951	53.00
54.00	05400	2,159	0	0	0	6,012	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	2,237	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	215	0	4,476	0	1,164	64.00
65.00	06500	776	0	0	0	298	65.00
66.00	06600	1,850	0	38,495	0	393	66.00
67.00	06700	157	0	0	0	0	67.00
68.00	06800	125	0	0	0	4	68.00
69.00	06900	414	0	0	0	1,278	69.00
69.02	06902	116	0	0	0	1	69.02
69.03	06903	50	0	0	0	0	69.03
70.00	07000	172	0	0	0	0	70.00
71.00	07100	0	0	0	100	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	1,671	0	0	0	6,910	88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0234

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

Worksheet B-1

Date/Time Prepared:
11/30/2017 8:13 am

Cost Center Description			CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATIO N (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
88.01	08801	RHC LMC	0	0	0	0	1,193	88.01
88.02	08802	RHC PMC	0	0	0	0	20,388	88.02
88.03	08803	RHC PPCC	931	0	0	0	0	88.03
88.04	08804	RHC OMC	0	0	0	0	2,363	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	4,153	0	0	0	111,342	90.00
91.00	09100	EMERGENCY	2,043	0	42,482	0	4,990	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	101	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	252	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	33,510	0	344,081	100	211,145	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	MOB	0	0	0	0	0	192.01
192.02	19202	COMMUNITY HEALTH	0	0	0	0	37	192.02
192.03	19203	OCCUPATIONAL MEDICINE	0	0	0	0	9,207	192.03
192.04	19204	FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205	ADULT DAY CARE	0	0	0	0	0	192.05
192.06	19206	PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207	IV HEALTH CORP	0	0	0	0	0	192.07
192.08	19208	PUBLIC RELATIONS	0	0	0	0	0	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	0	0	0	0	192.10
192.11	19211	FAST CARE	0	0	0	0	881	192.11
192.12	19212	IVCH CARE TODAY	0	0	0	0	0	192.12
192.13	19213	PPCC	0	0	0	0	0	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.15
192.16	19216	STREATOR MEDICAL CLINIC	0	0	0	0	1,831	192.16
192.17	19217	STREATOR ORTHO CLINIC	0	0	0	0	0	192.17
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	861,566	0	907,390	528,172	1,207,583	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.710713	0.000000	2.637141	5,281.720000	5.412719	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	75,723	0	49,195	82,673	50,174	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.259714	0.000000	0.142975	826.730000	0.224894	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0234

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

Worksheet B-1

Date/Time Prepared:
11/30/2017 8:13 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE COST CENTER (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	245,229,008					16.00
17.00 01700 SOCIAL SERVICE	0	7,448				17.00
18.00 01851 OTHER GENERAL COST CENTER	0	0	0			18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	13,878,006	6,099	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	3,029,623	577	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	753,514	772	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	37,347,561	0	0	0	0	50.00
50.01 05001 SAME DAY SURGERY	2,631,684	0	0	0	0	50.01
50.02 05002 LITHOTRIPSY	0	0	0	0	0	50.02
50.03 05003 ENDOSCOPY	5,470,517	0	0	0	0	50.03
51.00 05100 RECOVERY ROOM	4,632,356	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,514,586	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	6,388,789	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	44,321,390	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	32,548,573	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	1,103,424	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	2,263,812	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	5,504,798	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	675,223	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	503,948	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	3,929,433	0	0	0	0	69.00
69.02 06902 CARDIAC REHAB	423,643	0	0	0	0	69.02
69.03 06903 WOUND CARE	5,062,327	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	1,365,144	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,473,587	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	8,727,970	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	19,943,805	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0234

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

Worksheet B-1

Date/Time Prepared:
11/30/2017 8:13 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE COST CENTER (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RHC WHCC	3,929,770	0	0	0	0	88.00
88.01 08801 RHC LMC	775,271	0	0	0	0	88.01
88.02 08802 RHC PMC	1,263,583	0	0	0	0	88.02
88.03 08803 RHC PPCC	1,687,585	0	0	0	0	88.03
88.04 08804 RHC OMC	1,138,801	0	0	0	0	88.04
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	15,480,256	0	0	0	0	90.00
91.00 09100 EMERGENCY	15,625,015	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	35,045	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER MEDICAL EQUIP	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	799,969	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	245,229,008	7,448	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 MOB	0	0	0	0	0	192.01
192.02 19202 COMMUNITY HEALTH	0	0	0	0	0	192.02
192.03 19203 OCCUPATIONAL MEDICINE	0	0	0	0	0	192.03
192.04 19204 FAMILY PHARMACY	0	0	0	0	0	192.04
192.05 19205 ADULT DAY CARE	0	0	0	0	0	192.05
192.06 19206 PERSONAL TOUCH	0	0	0	0	0	192.06
192.07 19207 IV HEALTH CORP	0	0	0	0	0	192.07
192.08 19208 PUBLIC RELATIONS	0	0	0	0	0	192.08
192.09 19209 UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10 19210 OGLESBY FAMILY MEDICINE	0	0	0	0	0	192.10
192.11 19211 FAST CARE	0	0	0	0	0	192.11
192.12 19212 IVCH CARE TODAY	0	0	0	0	0	192.12
192.13 19213 PPCC	0	0	0	0	0	192.13
192.14 19214 ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
192.15 19215 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.15
192.16 19216 STREATOR MEDICAL CLINIC	0	0	0	0	0	192.16
192.17 19217 STREATOR ORTHO CLINIC	0	0	0	0	0	192.17
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 OTHER PHYSICIANS' OFFICES	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,317,286	381,979	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.005372	51.286117	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	64,908	17,805	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000265	2.390575	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0234

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

Worksheet B-1
Date/Time Prepared:
11/30/2017 8:13 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
12.00 01200	MAINTENANCE OF PERSONNEL				12.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
18.00 01851	OTHER GENERAL COST CENTER				18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000	NURSING SCHOOL				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0		22.00
23.00 02300	PARAMED PRGM			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	0	0	50.00
50.01 05001	SAME DAY SURGERY	0	0	0	50.01
50.02 05002	LITHOTRIPSY	0	0	0	50.02
50.03 05003	ENDOSCOPY	0	0	0	50.03
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
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	57.00
58.00 05800	MRI	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	69.00
69.02 06902	CARDIAC REHAB	0	0	0	69.02
69.03 06903	WOUND CARE	0	0	0	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0234

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

Worksheet B-1
Date/Time Prepared:
11/30/2017 8:13 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	21.00	22.00	23.00		
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RHC WHCC	0	0	0	88.00
88.01	08801 RHC LMC	0	0	0	88.01
88.02	08802 RHC PMC	0	0	0	88.02
88.03	08803 RHC PPCC	0	0	0	88.03
88.04	08804 RHC OMC	0	0	0	88.04
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850 OTHER MEDICAL EQUIP	0	0	0	98.00
99.00	09900 CMHC	0	0	0	99.00
99.10	09910 CORF	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	111.00
113.00	11300 INTEREST EXPENSE				113.00
114.00	11400 UTILIZATION REVIEW-SNF				114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201 MOB	0	0	0	192.01
192.02	19202 COMMUNITY HEALTH	0	0	0	192.02
192.03	19203 OCCUPATIONAL MEDICINE	0	0	0	192.03
192.04	19204 FAMILY PHARMACY	0	0	0	192.04
192.05	19205 ADULT DAY CARE	0	0	0	192.05
192.06	19206 PERSONAL TOUCH	0	0	0	192.06
192.07	19207 IV HEALTH CORP	0	0	0	192.07
192.08	19208 PUBLIC RELATIONS	0	0	0	192.08
192.09	19209 UTICA MEDICAL CENTER	0	0	0	192.09
192.10	19210 OGLESBY FAMILY MEDICINE	0	0	0	192.10
192.11	19211 FAST CARE	0	0	0	192.11
192.12	19212 IVCH CARE TODAY	0	0	0	192.12
192.13	19213 PPCC	0	0	0	192.13
192.14	19214 ADULT MEDICINE CLINIC	0	0	0	192.14
192.15	19215 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.15
192.16	19216 STREATOR MEDICAL CLINIC	0	0	0	192.16
192.17	19217 STREATOR ORTHO CLINIC	0	0	0	192.17
193.00	19300 NONPAID WORKERS	0	0	0	193.00
194.00	07950 OTHER PHYSICIANS' OFFICES	0	0	0	194.00
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/30/2017 8:13 am
			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
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		9,672,230	0	9,672,230
31.00	03100 INTENSIVE CARE UNIT		1,817,867	0	1,817,867
32.00	03200 CORONARY CARE UNIT		0	0	0
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0
40.00	04000 SUBPROVIDER - IPF		0	0	0
41.00	04100 SUBPROVIDER - IRF		0	0	0
42.00	04200 SUBPROVIDER		0	0	0
43.00	04300 NURSERY		340,115	0	340,115
44.00	04400 SKILLED NURSING FACILITY		0	0	0
45.00	04500 NURSING FACILITY		0	0	0
46.00	04600 OTHER LONG TERM CARE		0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		5,233,022	0	5,233,022
50.01	05001 SAME DAY SURGERY		974,118	0	974,118
50.02	05002 LI THOTRIPSY		0	0	0
50.03	05003 ENDOSCOPY		854,244	0	854,244
51.00	05100 RECOVERY ROOM		74,209	0	74,209
52.00	05200 DELIVERY ROOM & LABOR ROOM		327,046	0	327,046
53.00	05300 ANESTHESIOLOGY		1,070,053	0	1,070,053
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,943,831	0	4,943,831
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0
56.00	05600 RADIOISOTOPE		0	0	0
57.00	05700 CT SCAN		0	0	0
58.00	05800 MRI		0	0	0
59.00	05900 CARDIAC CATHETERIZATION		0	0	0
60.00	06000 LABORATORY		4,311,820	0	4,311,820
60.01	06001 BLOOD LABORATORY		0	0	0
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0	0	0
64.00	06400 INTRAVENOUS THERAPY		490,844	0	490,844
65.00	06500 RESPIRATORY THERAPY	0	750,152	0	750,152
66.00	06600 PHYSICAL THERAPY	0	2,300,708	0	2,300,708
67.00	06700 OCCUPATIONAL THERAPY	0	184,743	0	184,743
68.00	06800 SPEECH PATHOLOGY	0	132,429	0	132,429
69.00	06900 ELECTROCARDIOLOGY		329,470	0	329,470
69.02	06902 CARDIAC REHAB		297,860	0	297,860
69.03	06903 WOUND CARE		1,681,682	0	1,681,682
70.00	07000 ELECTROENCEPHALOGRAPHY		240,352	0	240,352
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		1,314,743	0	1,314,743
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		3,091,435	0	3,091,435
73.00	07300 DRUGS CHARGED TO PATIENTS		2,727,703	0	2,727,703
74.00	07400 RENAL DIALYSIS		0	0	0
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RHC WHCC		3,970,171	0	3,970,171
88.01	08801 RHC LMC		999,954	0	999,954
88.02	08802 RHC PMC		1,541,759	0	1,541,759
88.03	08803 RHC PPCC		1,840,877	0	1,840,877
88.04	08804 RHC OMC		1,436,326	0	1,436,326
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0
90.00	09000 CLINIC		5,245,817	0	5,245,817
91.00	09100 EMERGENCY		2,675,483	0	2,675,483
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,753,286	0	2,753,286
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0
95.00	09500 AMBULANCE SERVICES		140,408	0	140,408
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0	0	0
98.00	09850 OTHER MEDICAL EQUIP		0	0	0
99.00	09900 CMHC		0	0	0
99.10	09910 CORF		0	0	0
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0	0	0
101.00	10100 HOME HEALTH AGENCY		0	0	0
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION		0	0	0
106.00	10600 HEART ACQUISITION		0	0	0
107.00	10700 LIVER ACQUISITION		0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0234

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

Worksheet C
Part I
Date/Time Prepared:
11/30/2017 8:13 am

Cost Center Description			Total Cost (from Wkst. B, Part I, col . 26)	Therapy Limit Adj .	Costs			
					Total Costs	RCE Dis allowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	925,435		925,435		925,435	116.00
200.00		Subtotal (see instructions)	64,690,192	0	64,690,192	0	64,690,192	200.00
201.00		Less Observation Beds	2,753,286		2,753,286		2,753,286	201.00
202.00		Total (see instructions)	61,936,906	0	61,936,906	0	61,936,906	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0234		Period: From 07/01/2016 To 06/30/2017		Worksheet C Part I Date/Time Prepared: 11/30/2017 8:13 am		
			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		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	9,089,966		9,089,966				30.00
31.00	03100	INTENSIVE CARE UNIT	3,029,623		3,029,623				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - I PF	0		0				40.00
41.00	04100	SUBPROVIDER - I RF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	753,514		753,514				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	9,140,375	28,207,186	37,347,561	0.140117	0.000000		50.00
50.01	05001	SAME DAY SURGERY	722	2,630,962	2,631,684	0.370150	0.000000		50.01
50.02	05002	LITHOTRIPSY	0	0	0	0.000000	0.000000		50.02
50.03	05003	ENDOSCOPY	313,683	5,156,834	5,470,517	0.156154	0.000000		50.03
51.00	05100	RECOVERY ROOM	1,055,552	3,576,804	4,632,356	0.016020	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,220,763	293,823	1,514,586	0.215931	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	817,322	5,571,467	6,388,789	0.167489	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,906,907	39,414,483	44,321,390	0.111545	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000		57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000		59.00
60.00	06000	LABORATORY	5,399,118	27,149,455	32,548,573	0.132473	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	247,240	856,184	1,103,424	0.444837	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	1,342,789	921,023	2,263,812	0.331367	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,171,008	4,333,790	5,504,798	0.417946	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	164,987	510,236	675,223	0.273603	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	24,702	479,246	503,948	0.262783	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	582,867	3,346,566	3,929,433	0.083847	0.000000		69.00
69.02	06902	CARDIAC REHAB	0	423,643	423,643	0.703092	0.000000		69.02
69.03	06903	WOUND CARE	110,000	4,952,327	5,062,327	0.332195	0.000000		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	7,071	1,358,073	1,365,144	0.176063	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,620,423	853,164	2,473,587	0.531513	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,864,434	1,863,536	8,727,970	0.354199	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,457,507	12,486,298	19,943,805	0.136769	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RHC WHCC	0	3,929,770	3,929,770				88.00
88.01	08801	RHC LMC	0	775,271	775,271				88.01
88.02	08802	RHC PMC	0	1,263,583	1,263,583				88.02
88.03	08803	RHC PPCC	0	1,687,585	1,687,585				88.03
88.04	08804	RHC OMC	0	1,138,801	1,138,801				88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	40,000	15,440,256	15,480,256	0.338871	0.000000		90.00
91.00	09100	EMERGENCY	2,930,174	12,694,841	15,625,015	0.171231	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	478,804	4,309,236	4,788,040	0.575034	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	9,300	25,745	35,045	4.006506	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0	0.000000	0.000000		98.00
99.00	09900	CMHC	0	0	0				99.00
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0	0				108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0234

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

Worksheet C
Part I
Date/Time Prepared:
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			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
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	799,969	799,969		116.00
200.00		Subtotal (see instructions)	58,778,851	186,450,157	245,229,008		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	58,778,851	186,450,157	245,229,008		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/30/2017 8:13 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.140117		50.00
50.01	05001	SAME DAY SURGERY	0.370150		50.01
50.02	05002	LITHOTRIpsy	0.000000		50.02
50.03	05003	ENDOSCOPY	0.156154		50.03
51.00	05100	RECOVERY ROOM	0.016020		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.215931		52.00
53.00	05300	ANESTHESIOLOGY	0.167489		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.111545		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.132473		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.444837		64.00
65.00	06500	RESPIRATORY THERAPY	0.331367		65.00
66.00	06600	PHYSICAL THERAPY	0.417946		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.273603		67.00
68.00	06800	SPEECH PATHOLOGY	0.262783		68.00
69.00	06900	ELECTROCARDIOLOGY	0.083847		69.00
69.02	06902	CARDIAC REHAB	0.703092		69.02
69.03	06903	WOUND CARE	0.332195		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.176063		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.531513		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.354199		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.136769		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RHC WHCC			88.00
88.01	08801	RHC LMC			88.01
88.02	08802	RHC PMC			88.02
88.03	08803	RHC PPCC			88.03
88.04	08804	RHC OMC			88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.338871		90.00
91.00	09100	EMERGENCY	0.171231		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.575034		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	4.006506		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850	OTHER MEDICAL EQUIP	0.000000		98.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/30/2017 8:13 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
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: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/30/2017 8:13 am			
			Title XIX	Hospital	Cost			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,672,230		9,672,230	0	9,672,230	30.00
31.00	03100	INTENSIVE CARE UNIT	1,817,867		1,817,867	0	1,817,867	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	340,115		340,115	0	340,115	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,233,022		5,233,022	0	5,233,022	50.00
50.01	05001	SAME DAY SURGERY	974,118		974,118	0	974,118	50.01
50.02	05002	LITHOTRIPSY	0		0	0	0	50.02
50.03	05003	ENDOSCOPY	854,244		854,244	0	854,244	50.03
51.00	05100	RECOVERY ROOM	74,209		74,209	0	74,209	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	327,046		327,046	0	327,046	52.00
53.00	05300	ANESTHESIOLOGY	1,070,053		1,070,053	0	1,070,053	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,943,831		4,943,831	0	4,943,831	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MRI	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	4,311,820		4,311,820	0	4,311,820	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	490,844		490,844	0	490,844	64.00
65.00	06500	RESPIRATORY THERAPY	750,152	0	750,152	0	750,152	65.00
66.00	06600	PHYSICAL THERAPY	2,300,708	0	2,300,708	0	2,300,708	66.00
67.00	06700	OCCUPATIONAL THERAPY	184,743	0	184,743	0	184,743	67.00
68.00	06800	SPEECH PATHOLOGY	132,429	0	132,429	0	132,429	68.00
69.00	06900	ELECTROCARDIOLOGY	329,470		329,470	0	329,470	69.00
69.02	06902	CARDIAC REHAB	297,860		297,860	0	297,860	69.02
69.03	06903	WOUND CARE	1,681,682		1,681,682	0	1,681,682	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	240,352		240,352	0	240,352	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,314,743		1,314,743	0	1,314,743	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,091,435		3,091,435	0	3,091,435	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,727,703		2,727,703	0	2,727,703	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC WHCC	3,970,171		3,970,171	0	3,970,171	88.00
88.01	08801	RHC LMC	999,954		999,954	0	999,954	88.01
88.02	08802	RHC PMC	1,541,759		1,541,759	0	1,541,759	88.02
88.03	08803	RHC PPCC	1,840,877		1,840,877	0	1,840,877	88.03
88.04	08804	RHC OMC	1,436,326		1,436,326	0	1,436,326	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	5,245,817		5,245,817	0	5,245,817	90.00
91.00	09100	EMERGENCY	2,675,483		2,675,483	0	2,675,483	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,753,286		2,753,286	0	2,753,286	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	140,408		140,408	0	140,408	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0234

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

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description			Total Cost (from Wkst. B, Part I, col . 26)	Therapy Limit Adj .	Costs			
					Total Costs	RCE Dis allowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	925,435		925,435		925,435	116.00
200.00		Subtotal (see instructions)	64,690,192	0	64,690,192	0	64,690,192	200.00
201.00		Less Observation Beds	2,753,286		2,753,286		2,753,286	201.00
202.00		Total (see instructions)	61,936,906	0	61,936,906	0	61,936,906	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0234		Period: From 07/01/2016 To 06/30/2017		Worksheet C Part I Date/Time Prepared: 11/30/2017 8:13 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,089,966		9,089,966			30.00
31.00	03100	INTENSIVE CARE UNIT	3,029,623		3,029,623			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I PF	0		0			40.00
41.00	04100	SUBPROVIDER - I RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	753,514		753,514			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,140,375	28,207,186	37,347,561	0.140117	0.000000	50.00
50.01	05001	SAME DAY SURGERY	722	2,630,962	2,631,684	0.370150	0.000000	50.01
50.02	05002	LITHOTRIPSY	0	0	0	0.000000	0.000000	50.02
50.03	05003	ENDOSCOPY	313,683	5,156,834	5,470,517	0.156154	0.000000	50.03
51.00	05100	RECOVERY ROOM	1,055,552	3,576,804	4,632,356	0.016020	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,220,763	293,823	1,514,586	0.215931	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	817,322	5,571,467	6,388,789	0.167489	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,906,907	39,414,483	44,321,390	0.111545	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIO SOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	5,399,118	27,149,455	32,548,573	0.132473	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	247,240	856,184	1,103,424	0.444837	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	1,342,789	921,023	2,263,812	0.331367	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,171,008	4,333,790	5,504,798	0.417946	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	164,987	510,236	675,223	0.273603	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	24,702	479,246	503,948	0.262783	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	582,867	3,346,566	3,929,433	0.083847	0.000000	69.00
69.02	06902	CARDIAC REHAB	0	423,643	423,643	0.703092	0.000000	69.02
69.03	06903	WOUND CARE	110,000	4,952,327	5,062,327	0.332195	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	7,071	1,358,073	1,365,144	0.176063	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,620,423	853,164	2,473,587	0.531513	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,864,434	1,863,536	8,727,970	0.354199	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,457,507	12,486,298	19,943,805	0.136769	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC WHCC	0	3,929,770	3,929,770	1.010281	0.000000	88.00
88.01	08801	RHC LMC	0	775,271	775,271	1.289812	0.000000	88.01
88.02	08802	RHC PMC	0	1,263,583	1,263,583	1.220149	0.000000	88.02
88.03	08803	RHC PPCC	0	1,687,585	1,687,585	1.090835	0.000000	88.03
88.04	08804	RHC OMC	0	1,138,801	1,138,801	1.261262	0.000000	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	40,000	15,440,256	15,480,256	0.338871	0.000000	90.00
91.00	09100	EMERGENCY	2,930,174	12,694,841	15,625,015	0.171231	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	478,804	4,309,236	4,788,040	0.575034	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	9,300	25,745	35,045	4.006506	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0	0.000000	0.000000	99.00
99.10	09910	CORF	0	0	0	0.000000	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0234

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

Worksheet C
Part I
Date/Time Prepared:
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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	
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	799,969	799,969			116.00
200.00		Subtotal (see instructions)	58,778,851	186,450,157	245,229,008			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	58,778,851	186,450,157	245,229,008			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/30/2017 8:13 am	
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	SAME DAY SURGERY	0.000000			50.01
50.02	05002	LITHOTRIPSY	0.000000			50.02
50.03	05003	ENDOSCOPY	0.000000			50.03
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.02	06902	CARDIAC REHAB	0.000000			69.02
69.03	06903	WOUND CARE	0.000000			69.03
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
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC WHCC	0.000000			88.00
88.01	08801	RHC LMC	0.000000			88.01
88.02	08802	RHC PMC	0.000000			88.02
88.03	08803	RHC PPCC	0.000000			88.03
88.04	08804	RHC OMC	0.000000			88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850	OTHER MEDICAL EQUIP	0.000000			98.00
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0234

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

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
111.00	11100 ISLET ACQUISITION				111.00
113.00	11300 INTEREST EXPENSE				113.00
114.00	11400 UTILIZATION REVIEW-SNF				114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)				115.00
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: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part I Date/Time Prepared: 11/30/2017 8:13 am
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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)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,062,439	0	1,062,439	8,526	124.61	30.00
31.00	INTENSIVE CARE UNIT	136,516		136,516	577	236.60	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	31,612		31,612	772	40.95	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	1,230,567		1,230,567	9,875		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	3,756	468,035				30.00
31.00	INTENSIVE CARE UNIT	344	81,390				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30-199)	4,100	549,425				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0234		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part II Date/Time Prepared: 11/30/2017 8:13 am	
Cost Center Description			Capital Related Cost (from Wkst. C, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	317,435	37,347,561	0.008499	4,826,427	41,020	50.00
50.01	05001	SAME DAY SURGERY	117,862	2,631,684	0.044786	0	0	50.01
50.02	05002	LITHOTRIpsy	0	0	0.000000	0	0	50.02
50.03	05003	ENDOSCOPY	20,508	5,470,517	0.003749	245,388	920	50.03
51.00	05100	RECOVERY ROOM	25,571	4,632,356	0.005520	240	1	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	41,770	1,514,586	0.027578	6,808	188	52.00
53.00	05300	ANESTHESIOLOGY	81,721	6,388,789	0.012791	412,298	5,274	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	299,578	44,321,390	0.006759	4,554,343	30,783	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	155,297	32,548,573	0.004771	447,244	2,134	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	119,112	1,103,424	0.107948	7,357	794	64.00
65.00	06500	RESPIRATORY THERAPY	54,810	2,263,812	0.024211	1,150,558	27,856	65.00
66.00	06600	PHYSICAL THERAPY	165,671	5,504,798	0.030096	666,012	20,044	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,513	675,223	0.003722	105,143	391	67.00
68.00	06800	SPEECH PATHOLOGY	1,833	503,948	0.003637	19,281	70	68.00
69.00	06900	ELECTROCARDIOLOGY	21,233	3,929,433	0.005404	25,681	139	69.00
69.02	06902	CARDIAC REHAB	100,041	423,643	0.236145	0	0	69.02
69.03	06903	WOUND CARE	23,980	5,062,327	0.004737	16,856	80	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	7,392	1,365,144	0.005415	6,173	33	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	91,592	2,473,587	0.037028	1,351,322	50,037	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,845	8,727,970	0.003992	4,011,577	16,014	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,287	19,943,805	0.001669	5,363,768	8,952	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC WHCC	250,215	3,929,770	0.063672	0	0	88.00
88.01	08801	RHC LMC	11,391	775,271	0.014693	0	0	88.01
88.02	08802	RHC PMC	20,636	1,263,583	0.016331	0	0	88.02
88.03	08803	RHC PPCC	136,908	1,687,585	0.081127	0	0	88.03
88.04	08804	RHC OMC	16,419	1,138,801	0.014418	0	0	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	340,986	15,480,256	0.022027	329	7	90.00
91.00	09100	EMERGENCY	145,216	15,625,015	0.009294	1,834,940	17,054	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	302,432	4,788,040	0.063164	387,080	24,450	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	2,940,254	231,520,891		25,438,825	246,241	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part III Date/Time Prepared: 11/30/2017 8:13 am
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Title XVIII			Hospital		PPS	
Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
200.00		Total (lines 30-199)	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	8,526	0.00	3,756	30.00
31.00	03100	INTENSIVE CARE UNIT	577	0.00	344	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	42.00
43.00	04300	NURSERY	772	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	45.00
200.00		Total (lines 30-199)	9,875		4,100	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/30/2017 8:13 am
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Cost Center Description	Title XVIII				Hospital		Total Cost (sum of col 1 through col 4)	PPS
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	0	0	0	0	0		0	50.00
50.01 05001 SAME DAY SURGERY	0	0	0	0	0		0	50.01
50.02 05002 LI THOTRI PSY	0	0	0	0	0		0	50.02
50.03 05003 ENDOSCOPY	0	0	0	0	0		0	50.03
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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0		0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0		0	56.00
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
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0		0	59.00
60.00 06000 LABORATORY	0	0	0	0	0		0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0		0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0		0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0		0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0		0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0		0	64.00
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
69.02 06902 CARDIAC REHAB	0	0	0	0	0		0	69.02
69.03 06903 WOUND CARE	0	0	0	0	0		0	69.03
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
74.00 07400 RENAL DIALYSIS	0	0	0	0	0		0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0		0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00 08800 RHC WHCC	0	0	0	0	0		0	88.00
88.01 08801 RHC LMC	0	0	0	0	0		0	88.01
88.02 08802 RHC PMC	0	0	0	0	0		0	88.02
88.03 08803 RHC PCCC	0	0	0	0	0		0	88.03
88.04 08804 RHC OMC	0	0	0	0	0		0	88.04
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		0	89.00
90.00 09000 CLINIC	0	0	0	0	0		0	90.00
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
OTHER REIMBURSABLE COST CENTERS								
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0		0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0		0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0		0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0		0	97.00
98.00 09850 OTHER MEDICAL EQUIP	0	0	0	0	0		0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0		0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/30/2017 8:13 am
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Cost Center Description			Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	37,347,561	0.000000	0.000000	4,826,427	50.00
50.01	05001	SAME DAY SURGERY	0	2,631,684	0.000000	0.000000	0	50.01
50.02	05002	LITHOTRIpsy	0	0	0.000000	0.000000	0	50.02
50.03	05003	ENDOSCOPY	0	5,470,517	0.000000	0.000000	245,388	50.03
51.00	05100	RECOVERY ROOM	0	4,632,356	0.000000	0.000000	240	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,514,586	0.000000	0.000000	6,808	52.00
53.00	05300	ANESTHESIOLOGY	0	6,388,789	0.000000	0.000000	412,298	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	44,321,390	0.000000	0.000000	4,554,343	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	32,548,573	0.000000	0.000000	447,244	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,103,424	0.000000	0.000000	7,357	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,263,812	0.000000	0.000000	1,150,558	65.00
66.00	06600	PHYSICAL THERAPY	0	5,504,798	0.000000	0.000000	666,012	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	675,223	0.000000	0.000000	105,143	67.00
68.00	06800	SPEECH PATHOLOGY	0	503,948	0.000000	0.000000	19,281	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,929,433	0.000000	0.000000	25,681	69.00
69.02	06902	CARDIAC REHAB	0	423,643	0.000000	0.000000	0	69.02
69.03	06903	WOUND CARE	0	5,062,327	0.000000	0.000000	16,856	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,365,144	0.000000	0.000000	6,173	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,473,587	0.000000	0.000000	1,351,322	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,727,970	0.000000	0.000000	4,011,577	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,943,805	0.000000	0.000000	5,363,768	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC WHCC	0	3,929,770	0.000000	0.000000	0	88.00
88.01	08801	RHC LMC	0	775,271	0.000000	0.000000	0	88.01
88.02	08802	RHC PMC	0	1,263,583	0.000000	0.000000	0	88.02
88.03	08803	RHC PPCC	0	1,687,585	0.000000	0.000000	0	88.03
88.04	08804	RHC OMC	0	1,138,801	0.000000	0.000000	0	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	15,480,256	0.000000	0.000000	329	90.00
91.00	09100	EMERGENCY	0	15,625,015	0.000000	0.000000	1,834,940	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,788,040	0.000000	0.000000	387,080	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	231,520,891			25,438,825	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/30/2017 8:13 am
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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)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	9,839,249	0	50.00
50.01	05001 SAME DAY SURGERY	0	1,024,990	0	50.01
50.02	05002 LI THOTRI PSY	0	0	0	50.02
50.03	05003 ENDOSCOPY	0	1,923,493	0	50.03
51.00	05100 RECOVERY ROOM	0	946,015	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,738,964	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	14,542,051	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	789,267	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	623,322	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	237,635	0	65.00
66.00	06600 PHYSICAL THERAPY	0	48,452	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,754	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,291	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	673,322	0	69.00
69.02	06902 CARDIAC REHAB	0	188,690	0	69.02
69.03	06903 WOUND CARE	0	2,745,725	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	398,035	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	266,676	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	700,150	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,933,956	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RHC WHCC	0	0	0	88.00
88.01	08801 RHC LMC	0	0	0	88.01
88.02	08802 RHC PMC	0	0	0	88.02
88.03	08803 RHC PPCC	0	0	0	88.03
88.04	08804 RHC OMC	0	0	0	88.04
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	908,818	0	90.00
91.00	09100 EMERGENCY	0	3,295,107	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,790,675	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850 OTHER MEDICAL EQUIP	0	0	0	98.00
200.00	Total (lines 50-199)	0	47,620,637	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/30/2017 8:13 am
		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		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.140117	9,839,249	0	0	1,378,646	50.00	
50.01 05001 SAME DAY SURGERY	0.370150	1,024,990	0	0	379,400	50.01	
50.02 05002 LI THOTRI PSY	0.000000	0	0	0	0	50.02	
50.03 05003 ENDOSCOPY	0.156154	1,923,493	0	0	300,361	50.03	
51.00 05100 RECOVERY ROOM	0.016020	946,015	0	0	15,155	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.215931	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0.167489	1,738,964	0	0	291,257	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.111545	14,542,051	0	2,075	1,622,093	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00	
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00	
58.00 05800 MRI	0.000000	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00 06000 LABORATORY	0.132473	789,267	1,450	0	104,557	60.00	
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00	
64.00 06400 INTRAVENOUS THERAPY	0.444837	623,322	0	0	277,277	64.00	
65.00 06500 RESPIRATORY THERAPY	0.331367	237,635	0	0	78,744	65.00	
66.00 06600 PHYSICAL THERAPY	0.417946	48,452	0	0	20,250	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.273603	3,754	0	0	1,027	67.00	
68.00 06800 SPEECH PATHOLOGY	0.262783	2,291	0	0	602	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.083847	673,322	0	87	56,456	69.00	
69.02 06902 CARDIAC REHAB	0.703092	188,690	0	0	132,666	69.02	
69.03 06903 WOUND CARE	0.332195	2,745,725	0	3,088	912,116	69.03	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.176063	398,035	0	0	70,079	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.531513	266,676	0	0	141,742	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.354199	700,150	0	0	247,992	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.136769	4,933,956	0	21,345	674,812	73.00	
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RHC WHCC	0.000000				0	88.00	
88.01 08801 RHC LMC	0.000000				0	88.01	
88.02 08802 RHC PMC	0.000000				0	88.02	
88.03 08803 RHC PPCC	0.000000				0	88.03	
88.04 08804 RHC OMC	0.000000				0	88.04	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00	
90.00 09000 CLINIC	0.338871	908,818	0	1,445	307,972	90.00	
91.00 09100 EMERGENCY	0.171231	3,295,107	0	0	564,224	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.575034	1,790,675	0	0	1,029,699	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0.000000		0			94.00	
95.00 09500 AMBULANCE SERVICES	4.006506		0			95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00	
98.00 09850 OTHER MEDICAL EQUIP	0.000000	0	0	0	0	98.00	
200.00	Subtotal (see instructions)		47,620,637	1,450	28,040	8,607,127	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		47,620,637	1,450	28,040	8,607,127	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/30/2017 8:13 am
		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		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 SAME DAY SURGERY	0	0		50.01
50.02 05002 LITHOTRI PSY	0	0		50.02
50.03 05003 ENDOSCOPY	0	0		50.03
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	231		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	192	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	7		69.00
69.02 06902 CARDIAC REHAB	0	0		69.02
69.03 06903 WOUND CARE	0	1,026		69.03
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	2,919		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RHC WHCC	0	0		88.00
88.01 08801 RHC LMC	0	0		88.01
88.02 08802 RHC PMC	0	0		88.02
88.03 08803 RHC PPCC	0	0		88.03
88.04 08804 RHC OMC	0	0		88.04
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	490		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 09850 OTHER MEDICAL EQUIP	0	0		98.00
200.00 Subtotal (see instructions)	192	4,673		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	192	4,673		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/30/2017 8:13 am
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			8,593 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			8,526 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)			6,099 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			12 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)			55 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)			3,756 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)			12 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)			45 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			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)			9,672,230 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)			9,672,230 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			9,672,230 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,134.44 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			4,260,957 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)			4,260,957 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/30/2017 8:13 am	
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	1,817,867	577	3,150.55	344	1,083,789	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					5,467,566	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,812,312	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)					549,425	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					246,241	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					795,666	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					10,016,646	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)					2,427	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,134.44	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,753,286	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0234		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/30/2017 8:13 am	
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	1,062,439	9,672,230	0.109844	2,753,286	302,432	90.00
91.00	Nursing School cost	0	9,672,230	0.000000	2,753,286	0	91.00
92.00	Allied health cost	0	9,672,230	0.000000	2,753,286	0	92.00
93.00	All other Medical Education	0	9,672,230	0.000000	2,753,286	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/30/2017 8:13 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		3,939,943	30.00
31.00	03100	INTENSIVE CARE UNIT		1,412,593	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.140117	4,826,427	676,264 50.00
50.01	05001	SAME DAY SURGERY	0.370150	0	0 50.01
50.02	05002	LITHOTRIpsy	0.000000	0	0 50.02
50.03	05003	ENDOSCOPY	0.156154	245,388	38,318 50.03
51.00	05100	RECOVERY ROOM	0.016020	240	4 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.215931	6,808	1,470 52.00
53.00	05300	ANESTHESIOLOGY	0.167489	412,298	69,055 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.111545	4,554,343	508,014 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.132473	447,244	59,248 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.444837	7,357	3,273 64.00
65.00	06500	RESPIRATORY THERAPY	0.331367	1,150,558	381,257 65.00
66.00	06600	PHYSICAL THERAPY	0.417946	666,012	278,357 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.273603	105,143	28,767 67.00
68.00	06800	SPEECH PATHOLOGY	0.262783	19,281	5,067 68.00
69.00	06900	ELECTROCARDIOLOGY	0.083847	25,681	2,153 69.00
69.02	06902	CARDIAC REHAB	0.703092	0	0 69.02
69.03	06903	WOUND CARE	0.332195	16,856	5,599 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.176063	6,173	1,087 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.531513	1,351,322	718,245 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.354199	4,011,577	1,420,897 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.136769	5,363,768	733,597 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RHC WHCC	0.000000		0 88.00
88.01	08801	RHC LMC	0.000000		0 88.01
88.02	08802	RHC PMC	0.000000		0 88.02
88.03	08803	RHC PPCC	0.000000		0 88.03
88.04	08804	RHC OMC	0.000000		0 88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.338871	329	111 90.00
91.00	09100	EMERGENCY	0.171231	1,834,940	314,199 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.575034	387,080	222,584 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	09850	OTHER MEDICAL EQUIP	0.000000	0	0 98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		25,438,825	5,467,566 200.00
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)		25,438,825	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0234 Component CCN: 14-U234	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/30/2017 8:13 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,231	30.00
31.00	03100	INTENSIVE CARE UNIT		753	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
41.00	04100	SUBPROVIDER - I/RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.140117	0	50.00
50.01	05001	SAME DAY SURGERY	0.370150	0	50.01
50.02	05002	LITHOTRIpsy	0.000000	0	50.02
50.03	05003	ENDOSCOPY	0.156154	0	50.03
51.00	05100	RECOVERY ROOM	0.016020	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.215931	0	52.00
53.00	05300	ANESTHESIOLOGY	0.167489	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.111545	6,376	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.132473	76	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.444837	7,319	64.00
65.00	06500	RESPIRATORY THERAPY	0.331367	15,688	65.00
66.00	06600	PHYSICAL THERAPY	0.417946	17,897	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.273603	1,902	67.00
68.00	06800	SPEECH PATHOLOGY	0.262783	520	68.00
69.00	06900	ELECTROCARDIOLOGY	0.083847	0	69.00
69.02	06902	CARDIAC REHAB	0.703092	0	69.02
69.03	06903	WOUND CARE	0.332195	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.176063	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.531513	12,757	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.354199	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.136769	13,248	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RHC WHCC	0.000000	0	88.00
88.01	08801	RHC LMC	0.000000	0	88.01
88.02	08802	RHC PMC	0.000000	0	88.02
88.03	08803	RHC PPCC	0.000000	0	88.03
88.04	08804	RHC OMC	0.000000	0	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.338871	0	90.00
91.00	09100	EMERGENCY	0.171231	2	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.575034	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0.000000	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		75,785	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)		75,785	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/30/2017 8:13 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
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)		2,093,941	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		6,229,516	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)		35,147	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)		49.17	4.00
Indirect Medical Education Adjustment				
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
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
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
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.36	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.06	31.00
32.00	Sum of lines 30 and 31		20.42	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.06	33.00
34.00	Disproportionate share adjustment (see instructions)		126,100	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/30/2017 8:13 am	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00	
35.01	Factor 3 (see instructions)	0.000046442	0.000046626	35.01	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	297,512	278,705	35.02	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	74,784	208,456	35.03	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	283,240		36.00	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
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)	8,767,944		47.00	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	11,989,177		48.00	
			Amount		
			1.00		
49.00	Total payment for inpatient operating costs (see instructions)		11,183,869	49.00	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		671,228	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)		11,855,097	59.00	
60.00	Primary payer payments		11,909	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		11,843,188	61.00	
62.00	Deductibles billed to program beneficiaries		1,146,745	62.00	
63.00	Coinsurance billed to program beneficiaries		3,262	63.00	
64.00	Allowable bad debts (see instructions)		82,210	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)		53,437	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		82,210	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		10,746,618	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)		10,343	70.90	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		-28,667	70.91	
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92	
70.93	HVBP payment adjustment amount (see instructions)		35,626	70.93	
70.94	HRR adjustment amount (see instructions)		-98,734	70.94	
70.95	Recovery of accelerated depreciation		0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/30/2017 8:13 am	
		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)	0		0	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)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			88,225	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			10,576,961	71.00
71.01	Sequestration adjustment (see instructions)			211,539	71.01
72.00	Interim payments			10,505,220	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)			-139,798	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
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	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		608,945	1,806,980	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		1.0056960531	1.0038040640	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		3,469	6,874	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.9823	0.9901	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		-10,778	-17,889	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0234

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2017 8:13 am

		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	2,093,941	0	2,093,941		2,093,941	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,229,516	0		6,229,516	6,229,516	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	35,147	0	9,210	25,938	35,148	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
Indirect Medical Education Adjustment								
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
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
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
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0606	0.0606	0.0606	0.0606		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	126,100	0	31,723	94,377	126,100	11.00
11.01	Uncompensated care payments	36.00	283,240	0	313,867	0	313,867	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	8,767,944	0	2,448,741	6,319,203	8,767,944	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	11,989,177	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	11,183,869	0	2,448,741	8,735,128	11,183,869	15.00
16.00	Payment for inpatient program capital	50.00	671,228	0	167,600	503,628	671,228	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: 14-0234

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2017 8:13 am

		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	2,616,341	9,238,756	11,855,097	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	665,370	0	166,055	499,315	665,370	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	5,858	0	1,545	4,313	5,858	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	671,228	0	167,600	503,628	671,228	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				0.051607	0.036429		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			135,022		135,022	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				336,559	336,559	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: 14-0234		Period: From 07/01/2016 To 06/30/2017		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/30/2017 8:13 am	
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	2,093,941	2,093,941		2,093,941	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,229,516		6,229,516	6,229,516	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	35,147	9,210	25,937	35,147	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
Indirect Medical Education Adjustment							
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
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
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
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0606	0.0606	0.0606		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	126,100	31,723	94,377	126,100	11.00
11.01	Uncompensated care payments	36.00	283,240	74,784	208,456	283,240	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	8,767,944	2,209,658	6,558,286	8,767,944	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	11,989,177	3,018,079	8,971,098	11,989,177	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	11,183,869	2,815,974	8,367,895	11,183,869	15.00
16.00	Payment for inpatient program capital	50.00	671,228	167,600	503,628	671,228	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	SUBTOTAL			2,983,574	8,871,523	11,855,097	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/30/2017 8:13 am
		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	665,370	166,055	499,315	665,370	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	5,858	1,545	4,313	5,858	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	671,228	167,600	503,628	671,228	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	35,626	11,927	23,699	35,626	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	10,343	3,469	6,874	10,343	30.01
31.00	HRR adjustment (see instructions)	70.94	-98,734	-37,062	-61,672	-98,734	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	-28,667	-10,778	-17,889	-28,667	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	88,225	88,225	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/30/2017 8:13 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		4,865	1.00
2.00	Medical and other services reimbursed under OPPI (see instructions)		8,607,127	2.00
3.00	PPS payments		9,914,049	3.00
4.00	Outlier payment (see instructions)		10,983	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		4,865	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		29,490	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)		29,490	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		29,490	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		24,625	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		4,865	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)		9,925,032	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,087,300	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)		7,842,597	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)		7,842,597	30.00
31.00	Primary payer payments		1,641	31.00
32.00	Subtotal (line 30 minus line 31)		7,840,956	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		191,618	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		124,552	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		191,618	36.00
37.00	Subtotal (see instructions)		7,965,508	37.00
38.00	MSP-LCC reconciliation amount from PS&R		8	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)		7,965,500	40.00
40.01	Sequestration adjustment (see instructions)		159,310	40.01
41.00	Interim payments		7,908,227	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-102,037	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0234		Period: From 07/01/2016 To 06/30/2017		Worksheet E-1 Part I Date/Time Prepared: 11/30/2017 8:13 am	
		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		10,357,025		7,681,040	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	02/02/2017	21,971	02/02/2017	5,121	3.01	
3.02		06/30/2017	126,224	06/30/2017	222,066	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)		148,195		227,187	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)		10,505,220		7,908,227	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		139,798		102,037	6.02	
7.00	Total Medicare program liability (see instructions)		10,365,422		7,806,190	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: 14-0234
Component CCN: 14-U234

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

Worksheet E-1
Part I
Date/Time Prepared:
11/30/2017 8:13 am

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		15,840		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)		15,840		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)		15,840		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: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part II Date/Time Prepared: 11/30/2017 8:13 am
		Title XVIII	Hospital	PPS
		1.00		
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		2,399	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		4,100	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		365	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		6,676	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		245,229,008	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		998,220	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		0	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 14-0234 Component CCN: 14-U234	Period: From 07/01/2016 To 06/30/2017	Worksheet E-2 Date/Time Prepared: 11/30/2017 8:13 am	
		Title XVIII	Swing Beds - SNF	PPS	
			Part A	Part B	
			1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient routine services - swing bed-SNF (see instructions)		18,900	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		57	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)		18,900	0	8.00
9.00	Primary payer payments (see instructions)		0	0	9.00
10.00	Subtotal (line 8 minus line 9)		18,900	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)		18,900	0	12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinurance for physician professional services)		2,737	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)		16,163	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)		16,163	0	19.00
19.01	Sequestration adjustment (see instructions)		323	0	19.01
20.00	Interim payments		15,840	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

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

Provider CCN: 14-0234

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

Worksheet G
Date/Time Prepared:
11/30/2017 8:13 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,537,760	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	15,021,657	0	0	0	4.00
5.00	Other receivable	253,411	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,456,056	0	0	0	7.00
8.00	Prepaid expenses	1,005,681	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	3,301,685	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	23,576,250	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,476,235	0	0	0	12.00
13.00	Land improvements	1,340,170	0	0	0	13.00
14.00	Accumulated depreciation	-1,114,842	0	0	0	14.00
15.00	Buildings	53,403,141	0	0	0	15.00
16.00	Accumulated depreciation	-33,027,431	0	0	0	16.00
17.00	Leasehold improvements	325,067	0	0	0	17.00
18.00	Accumulated depreciation	-226,571	0	0	0	18.00
19.00	Fixed equipment	14,271,659	0	0	0	19.00
20.00	Accumulated depreciation	-10,237,643	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	45,109,739	0	0	0	23.00
24.00	Accumulated depreciation	-39,445,683	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	31,873,841	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	6,097,469	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	8,667,308	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	14,764,777	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	70,214,868	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	9,528,714	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,313,330	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	3,846,589	0	0	0	43.00
44.00	Other current liabilities	2,709,472	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	18,398,105	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	19,225,796	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	11,700,639	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	30,926,435	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	49,324,540	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	20,890,328				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	20,890,328	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	70,214,868	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0234

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

Worksheet G-1

Date/Time Prepared:
11/30/2017 8:13 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		22,426,525		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-1,536,196				2.00
3.00	Total (sum of line 1 and line 2)		20,890,329		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		20,890,329		0		11.00
12.00	ROUNDING	1		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)		1		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		20,890,328		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	ROUNDING		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: 14-0234

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/30/2017 8:13 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	9,843,480		9,843,480	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	9,843,480		9,843,480	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,029,623		3,029,623	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	3,029,623		3,029,623	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	12,873,103		12,873,103	17.00
18.00	Ancillary services	44,593,200	178,775,909	223,369,109	18.00
19.00	Outpatient services	0	3,899,831	3,899,831	19.00
20.00	RHC WHCC	0	3,929,770	3,929,770	20.00
20.01	RHC LMC	0	775,271	775,271	20.01
20.02	RHC PMC	0	1,263,583	1,263,583	20.02
20.03	RHC PPCC	0	1,687,585	1,687,585	20.03
20.04	RHC OMC	0	1,138,801	1,138,801	20.04
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	799,969	799,969	26.00
27.00	NONREIMBURSABLE	0	718,366	718,366	27.00
27.01	PROFESSIONAL FEES	0	13,779,204	13,779,204	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	57,466,303	206,768,289	264,234,592	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		83,904,656		29.00
30.00		0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	ADDITIONAL OPERATING EXP	576,913			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		576,913		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		83,327,743		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet G-3 Date/Time Prepared: 11/30/2017 8:13 am
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	264,234,592	1.00
2.00	Less contractual allowances and discounts on patients' accounts	183,391,750	2.00
3.00	Net patient revenues (line 1 minus line 2)	80,842,842	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	83,327,743	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-2,484,901	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	31,433	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	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	NON-OPERATING REVENUE	409,414	24.00
24.01	OTHER OPERATING REVENUE	507,852	24.01
25.00	Total other income (sum of lines 6-24)	948,699	25.00
26.00	Total (line 5 plus line 25)	-1,536,202	26.00
27.00	ROUNDING	-6	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-6	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-1,536,196	29.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0234

Period: From 07/01/2016

Worksheet 0

Hospice CCN: 14-1533

To 06/30/2017

Date/Time Prepared: 11/30/2017 8:13 am

		Hospice I					
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	17,049	13,226	30,275	-980	29,295	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	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	9,958	9,958	0	9,958	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	23,801	23,801	0	23,801	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0	13.00
14.00	PHARMACY*	0	38,115	38,115	0	38,115	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	3,450	3,450	0	3,450	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	20,004	0	20,004	0	20,004	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	301,858	182,626	484,484	0	484,484	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**	0	0	0	0	0	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**	15,934	0	15,934	0	15,934	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0	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	0	0	0	0	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
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	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	0	66.00
67.00	ADVERTISING*	0	11,019	11,019	0	11,019	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
100.00	TOTAL	354,845	282,195	637,040	-980	636,060	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

Provider CCN: 14-0234

Period: From 07/01/2016

Worksheet 0

Hospice CCN: 14-1533

To 06/30/2017

Date/Time Prepared: 11/30/2017 8:13 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
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	29,295	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	9,958	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	23,801	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	38,115	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	3,450	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	20,004	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	484,484	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	0	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	15,934	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	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	0	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
NONREIMBURSABLE COST CENTERS				
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	11,019	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	636,060	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: 14-0234 Hospice CCN: 14-1533	Period: From 07/01/2016 To 06/30/2017	Worksheet 0-2 Date/Time Prepared: 11/30/2017 8:13 am
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	19,837	0	19,837	0	19,837	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	299,338	181,102	480,440	0	480,440	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	0	0	0	0	0	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	15,801	0	15,801	0	15,801	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	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	0	0	0	0	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 *	334,976	181,102	516,078	0	516,078	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	
DI RECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	19,837	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	480,440	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	0	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	15,801	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	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	0	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	516,078	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: 14-0234

Period: From 07/01/2016

Worksheet 0-3

Hospice CCN: 14-1533

To 06/30/2017

Date/Time Prepared: 11/30/2017 8:13 am

	Hospice I					
	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
	1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	167	0	167	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	2,520	1,524	4,044	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	0	0	0	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	133	0	133	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	0	0	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 *	2,820	1,524	4,344	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	
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED	0	25.00
26.00	PHYSICIAN SERVICES	0	26.00
27.00	NURSE PRACTITIONER	0	27.00
28.00	REGISTERED NURSE	0	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	0	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	0	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 *	0	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: 14-0234

Period: From 07/01/2016

Worksheet 0-5

Hospice CCN: 14-1533

To 06/30/2017

Date/Time Prepared: 11/30/2017 8:13 am

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
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	0	22,040	22,040 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	20,972	20,972 2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	59,971	59,971 3.00
4.00	ADMINISTRATIVE & GENERAL	29,295	121,627	150,922 4.00
5.00	PLANT OPERATION & MAINTENANCE	0	59,104	59,104 5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0 6.00
7.00	HOUSEKEEPING	0	0	0 7.00
8.00	DIETARY	0	0	0 8.00
9.00	NURSING ADMINISTRATION	0	0	0 9.00
10.00	ROUTINE MEDICAL SUPPLIES	9,958	0	9,958 10.00
11.00	MEDICAL RECORDS	0	4,297	4,297 11.00
12.00	STAFF TRANSPORTATION	23,801	0	23,801 12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0 13.00
14.00	PHARMACY	38,115	1,364	39,479 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	3,450	0	3,450 15.00
16.00	OTHER GENERAL SERVICE	0	0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0 17.00
LEVEL OF CARE				
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	516,078	0	516,078 51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	4,344	0	4,344 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0 53.00
NONREIMBURSABLE COST CENTERS				
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	11,019	0	11,019 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	636,060	289,375	925,435 100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS		Provider CCN: 14-0234	Period: From 07/01/2016	Worksheet 0-6
		Hospice CCN: 14-1533	To 06/30/2017	Part I
				Date/Time Prepared: 11/30/2017 8:13 am

Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIX	22,040	22,040			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	20,972		20,972		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	59,971	0	0	59,971	3.00
4.00	ADMINISTRATIVE & GENERAL	150,922	0	0	0	150,922
5.00	PLANT OPERATION & MAINTENANCE	59,104	0	0	0	59,104
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	9,958	0	0	0	9,958
11.00	MEDICAL RECORDS	4,297	0	0	0	4,297
12.00	STAFF TRANSPORTATION	23,801	0	0	0	23,801
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0
14.00	PHARMACY	39,479	0	0	0	39,479
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	3,450	0	0	0	3,450
16.00	OTHER GENERAL SERVICE	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0
51.00	HOSPICE ROUTINE HOME CARE	516,078			0	516,078
52.00	HOSPICE INPATIENT RESPIRE CARE	4,344	22,040	20,972	59,971	107,327
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0
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	0	0	0	0
67.00	ADVERTISING	11,019	0	0	0	11,019
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
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	925,435	22,040	20,972	59,971	925,435

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0234

Period: From 07/01/2016

Worksheet 0-6

Hospice CCN: 14-1533

To 06/30/2017

Part I
Date/Time Prepared:
11/30/2017 8:13 am

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
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	150,922					4.00
5.00 PLANT OPERATION & MAINTENANCE	11,517	70,621				5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00 HOUSEKEEPING	0	0		0		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	1,940	0		0		10.00
11.00 MEDICAL RECORDS	837	0		0		11.00
12.00 STAFF TRANSPORTATION	4,638	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	0	0		0		13.00
14.00 PHARMACY	7,693	0		0		14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	672	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
LEVEL OF CARE						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	100,564					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	20,914	70,621	0	0	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
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	2,147	0		0		67.00
68.00 TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00 THIRFT 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	0	0	99.00
100.00 TOTAL	150,922	70,621	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0234

Period: From 07/01/2016

Worksheet 0-6

Hospice CCN: 14-1533

To 06/30/2017

Part I
Date/Time Prepared:
11/30/2017 8:13 am

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	
GENERAL SERVICE COST CENTERS						
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	11,898				10.00
11.00 MEDICAL RECORDS	0		5,134			11.00
12.00 STAFF TRANSPORTATION	0			28,439		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						17.00
LEVEL OF CARE						
50.00 HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00 HOSPICE ROUTINE HOME CARE	0	11,838	5,108	0	0	51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	0	60	26	28,439	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
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						70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00 TOTAL	0	11,898	5,134	28,439	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0234

Period: From 07/01/2016

Worksheet 0-6

Hospice CCN: 14-1533

To 06/30/2017

Part I
Date/Time Prepared:
11/30/2017 8:13 am

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	
GENERAL SERVICE COST CENTERS						
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	47,172					14.00
15.00	0	4,122				15.00
16.00	0		0			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	0	4,101	0		637,689	51.00
52.00	47,172	21	0	0	274,580	52.00
53.00	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		0	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	0	66.00
67.00	0		0		13,166	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	47,172	4,122	0	0	925,435	100.00

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

Provider CCN: 14-0234

Period: From 07/01/2016

Worksheet 0-6

Hospice CCN: 14-1533

To 06/30/2017

Part II
Date/Time Prepared:
11/30/2017 8:13 am

Cost Center Descriptions		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	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,915					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		1,915				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	334,127			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	0	-150,922	774,513	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	59,104	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	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	9,958	10.00
11.00	MEDICAL RECORDS	0	0	0	0	4,297	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	23,801	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	39,479	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	3,450	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	516,078	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	1,915	1,915	334,127	0	107,327	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	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	0	66.00
67.00	ADVERTISING	0	0	0	0	11,019	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)	22,040	20,972	59,971		150,922	100.00
101.00	UNIT COST MULTIPLIER	11.509138	10.951436	0.179486		0.194861	101.00

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

Provider CCN: 14-0234

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

Worksheet 0-6
Part 11
Date/Time Prepared:
11/30/2017 8:13 am

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATIO N (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
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	17					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			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
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	17	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
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						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 1)	70,621		0		0	100.00
101.00	UNIT COST MULTIPLIER	4,154.176471	0.000000	0.000000	0.000000	0.000000	101.00

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

Provider CCN: 14-0234

Period: From 07/01/2016

Worksheet 0-6

Hospice CCN: 14-1533

To 06/30/2017

Part II
Date/Time Prepared:
11/30/2017 8:13 am

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	
GENERAL SERVICE COST CENTERS							
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	3,350					10.00
11.00	MEDICAL RECORDS		3,350				11.00
12.00	STAFF TRANSPORTATION			100			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	100	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
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	3,333	3,333	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	17	17	100	0	100	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
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)	11,898	5,134	28,439	0	47,172	100.00
101.00	UNIT COST MULTIPLIER	3.551642	1.532537	284.390000	0.000000	471.720000	101.00

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

Provider CCN: 14-0234

Period: From 07/01/2016

Worksheet 0-6

Hospice CCN: 14-1533

To 06/30/2017

Part II
Date/Time Prepared:
11/30/2017 8:13 am

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		
GENERAL SERVICE COST CENTERS						
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	3,350				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	3,333	0			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	17	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0		53.00
NONREIMBURSABLE COST CENTERS						
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)	4,122	0	0		100.00
101.00	UNIT COST MULTIPLIER	1.230448	0.000000	0.000000		101.00

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

Provider CCN: 14-0234

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

Worksheet 0-7

Hospice CCN: 14-1533

Date/Time Prepared: 11/30/2017 8:13 am

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	0.417946	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.273603	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.262783	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.136769	0	36,968	23	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.000000	0	14,018	0	5.00
6.00	LABORATORY	60.00	0.132473	0	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.531513	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	146	0	9.00
10.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00					10.00
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	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	5,056	3	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	BLOOD LABORATORY	0	0	0	0	0	6.01
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	0	0	0	0	0	9.00
10.00	OTHER ANCILLARY SERVICE COST CENTERS						10.00
11.00	Totals (sum of lines 1-11)		0	5,056	3	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0234

Period: From 07/01/2016

Worksheet 0-8

Hospice CCN: 14-1533

To 06/30/2017

Date/Time Prepared: 11/30/2017 8:13 am

		Hospice I		TOTAL	
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID		
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
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
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			642,745	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			3,333	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			192.84	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	3,333	0		9.00
10.00	Program cost (line 8 times line 9)	642,736	0		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			274,583	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			17	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			16,151.94	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	17	0		14.00
15.00	Program cost (line 13 times line 14)	274,583	0		15.00
HOSPICE GENERAL INPATIENT CARE					
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
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			917,328	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			3,350	22.00
23.00	Average cost per diem (line 21 divided by line 22)			273.83	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0234	Period: From 07/01/2016 To 06/30/2017	Worksheet L Parts I-III Date/Time Prepared: 11/30/2017 8:13 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		665,370	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		5,858	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)		18.73	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)		671,228	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
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
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
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: 14-0234

Period: From 07/01/2016

Worksheet M-1

Component CCN: 14-8564

To 06/30/2017

Date/Time Prepared: 11/30/2017 8:13 am

		RHC I					
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	943,282	219,359	1,162,641	-182,385	980,256	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	502,697	116,902	619,599	-97,197	522,402	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	538,057	125,125	663,182	-104,034	559,148	9.00
10.00	Subtotal (sum of lines 1 through 9)	1,984,036	461,386	2,445,422	-383,616	2,061,806	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	231,048	231,048	-37,046	194,002	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	37,784	37,784	-6,058	31,726	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	53,794	53,794	-8,625	45,169	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	322,626	322,626	-51,729	270,897	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,984,036	784,012	2,768,048	-435,345	2,332,703	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	64,638	64,638	-10,364	54,274	29.00
30.00	Administrative Costs	0	390,667	390,667	-62,639	328,028	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	455,305	455,305	-73,003	382,302	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,984,036	1,239,317	3,223,353	-508,348	2,715,005	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0234

Period: From 07/01/2016

Worksheet M-1

Component CCN: 14-8564

To 06/30/2017

Date/Time Prepared: 11/30/2017 8:13 am

RHC I

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	980,256	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	522,402	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	559,148	9.00
10.00	Subtotal (sum of lines 1 through 9)	0	2,061,806	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	194,002	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	31,726	17.00
18.00	Professional Liability Insurance	0	0	18.00
19.00	Other Health Care Costs	0	45,169	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	270,897	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	2,332,703	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	0	25.01
25.02	Chronic Care Management	0	0	25.02
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	-51,616	2,658	29.00
30.00	Administrative Costs	0	328,028	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-51,616	330,686	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-51,616	2,663,389	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0234

Period: From 07/01/2016

Worksheet M-1

Component CCN: 14-8565

To 06/30/2017

Date/Time Prepared: 11/30/2017 8:13 am

		RHC II					
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	246,884	74,412	321,296	-54,828	266,468	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	110,919	19,723	130,642	-22,620	108,022	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	248,960	69,532	318,492	-54,480	264,012	9.00
10.00	Subtotal (sum of lines 1 through 9)	606,763	163,667	770,430	-131,928	638,502	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	7,841	7,841	-1,151	6,690	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	10,931	10,931	-1,605	9,326	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	6,738	6,738	-989	5,749	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	25,510	25,510	-3,745	21,765	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	606,763	189,177	795,940	-135,673	660,267	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	70,004	70,004	-10,279	59,725	29.00
30.00	Administrative Costs	0	76,946	76,946	-11,298	65,648	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	146,950	146,950	-21,577	125,373	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	606,763	336,127	942,890	-157,250	785,640	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0234

Period:

Worksheet M-1

Component CCN: 14-8565

From 07/01/2016
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RHC II

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	266,468	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	108,022	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	264,012	9.00
10.00	Subtotal (sum of lines 1 through 9)	0	638,502	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	6,690	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	9,326	17.00
18.00	Professional Liability Insurance	0	0	18.00
19.00	Other Health Care Costs	0	5,749	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	21,765	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	660,267	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	0	25.01
25.02	Chronic Care Management	0	0	25.02
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	-25,656	34,069	29.00
30.00	Administrative Costs	0	65,648	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-25,656	99,717	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-25,656	759,984	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0234

Period: From 07/01/2016

Worksheet M-1

Component CCN: 14-8562

To 06/30/2017

Date/Time Prepared: 11/30/2017 8:13 am

		RHC III					
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	549,953	110,190	660,143	-111,148	548,995	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	0	6,164	6,164	-832	5,332	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	310,273	55,328	365,601	-61,784	303,817	9.00
10.00	Subtotal (sum of lines 1 through 9)	860,226	171,682	1,031,908	-173,764	858,144	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	47,336	47,336	-6,390	40,946	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	1,850	1,850	-250	1,600	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	73,488	73,488	-9,921	63,567	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	122,674	122,674	-16,561	106,113	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	860,226	294,356	1,154,582	-190,325	964,257	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	55,264	55,264	-7,460	47,804	29.00
30.00	Administrative Costs	0	113,094	113,094	-15,267	97,827	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	168,358	168,358	-22,727	145,631	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	860,226	462,714	1,322,940	-213,052	1,109,888	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0234
Component CCN: 14-8562

Period:
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		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	548,995	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	5,332	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	303,817	9.00
10.00	Subtotal (sum of lines 1 through 9)	0	858,144	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	40,946	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	1,600	17.00
18.00	Professional Liability Insurance	0	0	18.00
19.00	Other Health Care Costs	0	63,567	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	106,113	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	964,257	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	0	25.01
25.02	Chronic Care Management	0	0	25.02
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	-13,963	33,841	29.00
30.00	Administrative Costs	0	97,827	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-13,963	131,668	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-13,963	1,095,925	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0234

Period: From 07/01/2016

Worksheet M-1

Component CCN: 14-8563

To 06/30/2017

Date/Time Prepared: 11/30/2017 8:13 am

		RHC IV					
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	447,604	132,077	579,681	-119,544	460,137	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	177,329	19,262	196,591	-40,316	156,275	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	290,803	93,682	384,485	-79,343	305,142	9.00
10.00	Subtotal (sum of lines 1 through 9)	915,736	245,021	1,160,757	-239,203	921,554	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	199,770	199,770	-42,563	157,207	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	2,340	2,340	-499	1,841	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	10,976	10,976	-2,339	8,637	19.00
20.00	Allowable GME Costs						20.00
21.00	Subtotal (sum of lines 15 through 20)	0	213,086	213,086	-45,401	167,685	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	915,736	458,107	1,373,843	-284,604	1,089,239	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs						27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	39,960	39,960	-8,514	31,446	29.00
30.00	Administrative Costs	0	160,142	160,142	-34,119	126,023	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	200,102	200,102	-42,633	157,469	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	915,736	658,209	1,573,945	-327,237	1,246,708	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0234

Period: From 07/01/2016

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Component CCN: 14-8563

To 06/30/2017

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RHC IV

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	460,137	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	156,275	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	305,142	9.00
10.00	Subtotal (sum of lines 1 through 9)	0	921,554	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	157,207	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	1,841	17.00
18.00	Professional Liability Insurance	0	0	18.00
19.00	Other Health Care Costs	0	8,637	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	167,685	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	1,089,239	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	0	25.01
25.02	Chronic Care Management	0	0	25.02
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	-28,800	2,646	29.00
30.00	Administrative Costs	0	126,023	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-28,800	128,669	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-28,800	1,217,908	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0234

Period: From 07/01/2016

Worksheet M-1

Component CCN: 14-8561

To 06/30/2017

Date/Time Prepared: 11/30/2017 8:13 am

		RHC V					
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	314,514	105,293	419,807	-64,619	355,188	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	147,370	34,381	181,751	-28,331	153,420	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	293,157	82,338	375,495	-58,173	317,322	9.00
10.00	Subtotal (sum of lines 1 through 9)	755,041	222,012	977,053	-151,123	825,930	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	103,504	103,504	-13,475	90,029	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	4,796	4,796	-624	4,172	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	21,343	21,343	-2,779	18,564	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	129,643	129,643	-16,878	112,765	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	755,041	351,655	1,106,696	-168,001	938,695	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	109,724	109,724	-14,285	95,439	29.00
30.00	Administrative Costs	0	128,764	128,764	-16,764	112,000	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	238,488	238,488	-31,049	207,439	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	755,041	590,143	1,345,184	-199,050	1,146,134	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0234

Period: From 07/01/2016

Worksheet M-1

Component CCN: 14-8561

To 06/30/2017

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RHC V

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	355,188	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	153,420	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	317,322	9.00
10.00	Subtotal (sum of lines 1 through 9)	0	825,930	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	90,029	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	4,172	17.00
18.00	Professional Liability Insurance	0	0	18.00
19.00	Other Health Care Costs	0	18,564	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	112,765	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	938,695	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	0	25.01
25.02	Chronic Care Management	0	0	25.02
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	-42,603	52,836	29.00
30.00	Administrative Costs	0	112,000	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-42,603	164,836	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-42,603	1,103,531	32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES	Provider CCN: 14-0234 Component CCN: 14-8564	Period: From 07/01/2016 To 06/30/2017	Worksheet M-2 Date/Time Prepared: 11/30/2017 8:13 am
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		RHC I					
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY							
Positions							
1.00	Physician	2.08	5,342	4,200	8,736		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	2.55	5,673	2,100	5,355		3.00
4.00	Subtotal (sum of lines 1 through 3)	4.63	11,015		14,091	14,091	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	4.63	11,015			14,091	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES							
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					2,332,703	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					2,332,703	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet, M-1, col. 7, line 31)					330,686	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					1,306,782	15.00
16.00	Total overhead (sum of lines 14 and 15)					1,637,468	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					1,637,468	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					1,637,468	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					3,970,171	20.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES	Provider CCN: 14-0234 Component CCN: 14-8565	Period: From 07/01/2016 To 06/30/2017	Worksheet M-2 Date/Time Prepared: 11/30/2017 8:13 am
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		RHC II					
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY							
Positions							
1.00	Physician	0.74	2,966	4,200	3,108		1.00
2.00	Physician Assistant	0.68	1,400	2,100	1,428		2.00
3.00	Nurse Practitioner	0.00	0	2,100	0		3.00
4.00	Subtotal (sum of lines 1 through 3)	1.42	4,366		4,536	4,536	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)	1.42	4,366			4,536	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES							
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					660,267	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					660,267	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet, M-1, col. 7, line 31)					99,717	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					239,970	15.00
16.00	Total overhead (sum of lines 14 and 15)					339,687	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					339,687	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					339,687	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					999,954	20.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES	Provider CCN: 14-0234 Component CCN: 14-8562	Period: From 07/01/2016 To 06/30/2017	Worksheet M-2 Date/Time Prepared: 11/30/2017 8:13 am
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		RHC III					
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY							
Positions							
1.00	Physician	0.67	4,003	4,200	2,814		1.00
2.00	Physician Assistant	0.01	751	2,100	21		2.00
3.00	Nurse Practitioner	0.00	0	2,100	0		3.00
4.00	Subtotal (sum of lines 1 through 3)	0.68	4,754		2,835	4,754	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	0.68	4,754			4,754	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES							
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					964,257	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					964,257	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet, M-1, col. 7, line 31)					131,668	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					445,834	15.00
16.00	Total overhead (sum of lines 14 and 15)					577,502	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					577,502	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					577,502	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					1,541,759	20.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0234 Component CCN: 14-8563	Period: From 07/01/2016 To 06/30/2017	Worksheet M-2 Date/Time Prepared: 11/30/2017 8:13 am
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		RHC IV					
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY							
Positions							
1.00	Physician	1.24	3,514	4,200	5,208		1.00
2.00	Physician Assistant	1.00	2,309	2,100	2,100		2.00
3.00	Nurse Practitioner	0.00	0	2,100	0		3.00
4.00	Subtotal (sum of lines 1 through 3)	2.24	5,823		7,308	7,308	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)	2.24	5,823			7,308	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES							
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					1,089,239	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					1,089,239	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet, M-1, col. 7, line 31)					128,669	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					622,969	15.00
16.00	Total overhead (sum of lines 14 and 15)					751,638	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					751,638	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					751,638	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					1,840,877	20.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0234 Component CCN: 14-8561	Period: From 07/01/2016 To 06/30/2017	Worksheet M-2 Date/Time Prepared: 11/30/2017 8:13 am
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		RHC V					
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY							
Positions							
1.00	Physician	1.02	4,855	4,200	4,284		1.00
2.00	Physician Assistant	0.85	2,001	2,100	1,785		2.00
3.00	Nurse Practitioner	0.00	0	2,100	0		3.00
4.00	Subtotal (sum of lines 1 through 3)	1.87	6,856		6,069	6,856	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)	1.87	6,856			6,856	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES							
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					938,695	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					938,695	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet, M-1, col. 7, line 31)					164,836	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					332,795	15.00
16.00	Total overhead (sum of lines 14 and 15)					497,631	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					497,631	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					497,631	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					1,436,326	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0234 Component CCN: 14-8564	Period: From 07/01/2016 To 06/30/2017	Worksheet M-3 Date/Time Prepared: 11/30/2017 8:13 am	
		Title XVIII	RHC I		
				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)			3,970,171	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			0	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			3,970,171	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			14,091	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)			14,091	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			281.75	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)		281.75	281.75	9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)		0	306	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		0	86,216	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	86,216	16.00
16.01	Total program charges (see instructions)(from contractor's records)			56,157	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)			0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)			67,814	16.04
16.05	Total program cost (see instructions)		0	67,814	16.05
17.00	Primary payer amounts			0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			1,449	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			10,942	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)			67,814	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)			67,814	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)			67,814	26.00
26.01	Sequestration adjustment (see instructions)			1,356	26.01
27.00	Interim payments			23,234	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)			43,224	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter 1, §115.2			0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0234 Component CCN: 14-8565	Period: From 07/01/2016 To 06/30/2017	Worksheet M-3 Date/Time Prepared: 11/30/2017 8:13 am
		Title XVIII	RHC II	
				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)		999,954	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		0	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		999,954	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		4,536	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)		4,536	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		220.45	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)	220.45	220.45	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	0	887	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	195,539	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	195,539	16.00
16.01	Total program charges (see instructions)(from contractor's records)		141,972	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		36,848	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		50,751	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.)		110,719	16.04
16.05	Total program cost (see instructions)	0	161,470	16.05
17.00	Primary payer amounts		203	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		6,389	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		19,747	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		161,267	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		161,267	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)		161,267	26.00
26.01	Sequestration adjustment (see instructions)		3,225	26.01
27.00	Interim payments		73,276	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)		84,766	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter 1, §115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0234 Component CCN: 14-8562	Period: From 07/01/2016 To 06/30/2017	Worksheet M-3 Date/Time Prepared: 11/30/2017 8:13 am
		Title XVIII	RHC III	
				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)		1,541,759	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		53,374	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		1,488,385	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		4,754	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)		4,754	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		313.08	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)	313.08	313.08	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	0	2,834	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	887,269	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	887,269	16.00
16.01	Total program charges (see instructions)(from contractor's records)		475,262	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		130,021	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		242,737	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.)		506,206	16.04
16.05	Total program cost (see instructions)	0	748,943	16.05
17.00	Primary payer amounts		191	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		11,775	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		66,693	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		748,752	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		37,826	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		786,578	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)		786,578	26.00
26.01	Sequestration adjustment (see instructions)		15,732	26.01
27.00	Interim payments		356,358	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)		414,488	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter 1, §115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0234 Component CCN: 14-8563	Period: From 07/01/2016 To 06/30/2017	Worksheet M-3 Date/Time Prepared: 11/30/2017 8:13 am
		Title XVIII	RHC IV	
				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)		1,840,877	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		109,597	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		1,731,280	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		7,308	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		7,308	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		236.90	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)	236.90	236.90	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	0	759	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	179,807	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	179,807	16.00
16.01	Total program charges (see instructions)(from contractor's records)		129,580	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		22,238	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		30,858	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.)		113,842	16.04
16.05	Total program cost (see instructions)	0	144,700	16.05
17.00	Primary payer amounts		82	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		6,646	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		20,139	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		144,618	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		10,036	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		154,654	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)		154,654	26.00
26.01	Sequestration adjustment (see instructions)		3,093	26.01
27.00	Interim payments		72,620	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)		78,941	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter 1, §115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0234 Component CCN: 14-8561	Period: From 07/01/2016 To 06/30/2017	Worksheet M-3 Date/Time Prepared: 11/30/2017 8:13 am
		Title XVIII	RHC V	
				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)		1,436,326	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		23,847	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		1,412,479	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		6,856	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)		6,856	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		206.02	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)	206.02	206.02	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	0	913	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	188,096	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	188,096	16.00
16.01	Total program charges (see instructions)(from contractor's records)		157,163	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		25,234	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		30,201	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.)		120,959	16.04
16.05	Total program cost (see instructions)	0	151,160	16.05
17.00	Primary payer amounts		53	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		6,696	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		25,047	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		151,107	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		4,604	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		155,711	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)		155,711	26.00
26.01	Sequestration adjustment (see instructions)		3,114	26.01
27.00	Interim payments		34,897	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)		117,700	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: 14-0234 Component CCN: 14-8562	Period: From 07/01/2016 To 06/30/2017	Worksheet M-4 Date/Time Prepared: 11/30/2017 8:13 am	
		Title XVIII	RHC III		
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		858,144	858,144	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.001803	0.010788	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		1,547	9,258	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		10,472	12,104	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		12,019	21,362	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		964,257	964,257	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		577,502	577,502	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.012465	0.022154	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		7,199	12,794	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		19,218	34,156	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		119	712	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		161.50	47.97	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		86	499	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		13,889	23,937	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)			53,374	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)			37,826	16.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 14-0234 Component CCN: 14-8563	Period: From 07/01/2016 To 06/30/2017	Worksheet M-4 Date/Time Prepared: 11/30/2017 8:13 am	
		Title XVIII	RHC IV		
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		921,554	921,554	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.014810	0.021732	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		13,648	20,027	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		24,288	6,885	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		37,936	26,912	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		1,089,239	1,089,239	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		751,638	751,638	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.034828	0.024707	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		26,178	18,571	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		64,114	45,483	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		276	405	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		232.30	112.30	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		20	48	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		4,646	5,390	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)			109,597	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)			10,036	16.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 14-0234 Component CCN: 14-8561	Period: From 07/01/2016 To 06/30/2017	Worksheet M-4 Date/Time Prepared: 11/30/2017 8:13 am	
		Title XVIII	RHC V		
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		825,930	825,930	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.000900	0.002631	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		743	2,173	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		8,096	4,573	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		8,839	6,746	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		938,695	938,695	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		497,631	497,631	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.009416	0.007187	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		4,686	3,576	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		13,525	10,322	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		92	269	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		147.01	38.37	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		6	97	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		882	3,722	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)			23,847	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)			4,604	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 14-0234 Component CCN: 14-8564	Period: From 07/01/2016 To 06/30/2017	Worksheet M-5 Date/Time Prepared: 11/30/2017 8:13 am
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		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		12,566	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		06/15/2017	10,668	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		10,668	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		23,234	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		43,224	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		66,458	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 14-0234 Component CCN: 14-8565	Period: From 07/01/2016 To 06/30/2017	Worksheet M-5 Date/Time Prepared: 11/30/2017 8:13 am
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		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		36,262	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		06/15/2017	37,014	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		37,014	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		73,276	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		84,766	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		158,042	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 14-0234 Component CCN: 14-8562	Period: From 07/01/2016 To 06/30/2017	Worksheet M-5 Date/Time Prepared: 11/30/2017 8:13 am
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		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		139,189	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		06/15/2017	217,169	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		217,169	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		356,358	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		414,488	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		770,846	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 14-0234 Component CCN: 14-8563	Period: From 07/01/2016 To 06/30/2017	Worksheet M-5 Date/Time Prepared: 11/30/2017 8:13 am
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		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		30,514	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		06/15/2017	42,106	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		42,106	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		72,620	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		78,941	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		151,561	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 14-0234 Component CCN: 14-8561	Period: From 07/01/2016 To 06/30/2017	Worksheet M-5 Date/Time Prepared: 11/30/2017 8:13 am
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		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		34,897	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		34,897	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		117,700	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		152,597	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00