

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet S Parts I-III Date/Time Prepared: 2/21/2018 7:53 am
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PART I - COST REPORT STATUS

Provider use only: 1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for Full or "L" for Low.

Contractor use only: 5. 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. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 2/21/2018 Time: 7:53 am

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 CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GIBSON AREA HOSPITAL AND HEALTH SVCS (14-1317) for the cost reporting period beginning 10/01/2016 and ending 09/30/2017 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.

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) _____
Officer or Administrator of Provider(s)

Title

Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	323,304	-87,206	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	-77,822	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	-1	88		0	7.00
10.00 RURAL HEALTH CLINIC I	0		427,039		0	10.00
200.00 Total	0	245,481	339,921	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1317		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part I Date/Time Prepared: 2/21/2018 7:50 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1120 N. MELVIN			PO Box:						1.00	
2.00	City: GIBSON CITY			State: IL		Zip Code: 60936-		County: FORD		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital	GIBSON AREA HOSPITAL AND HEALTH SVCS		141317	16580	1	01/03/2002	N	O	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF	GIBSON COMMUNITY SWING BEDS		14Z317	16580		12/31/2002	N	O	N	7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF	GIBSON HOSPITAL ANNEX SNF		145979	16580		05/19/1999	N	P	P	9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC	THE PAXTON CLINIC		143408	16580		01/01/1996	N	O	O	15.00
16.00	Hospital-Based Health Clinic - FOHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:		To:			
						1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					10/01/2016		09/30/2017		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.					N		N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N		N		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N		N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N		N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							2		N	23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.					0	0	0	0	0	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	25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part I Date/Time Prepared: 2/21/2018 7:50 am		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		2			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		2			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0			35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.		0			37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)					37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (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)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)		N		N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)		N		N	40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N		N	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	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.		N		N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N		N	48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.		N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N			59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		N			60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			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

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

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

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			1.00	2.00	3.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N	87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?		Y		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		Y		106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00

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		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00	
					1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00	
					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
		Premiums		Losses		Insurance		
		1.00		2.00		3.00		
118.01	List amounts of malpractice premiums and paid losses:	632,683		0		0		118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N			118.02
DO NOT USE THIS LINE								
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.				N	N		119.00 120.00
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 healthcare related taxes as defined in §1903(w)(3) of the Act? 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								

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1317		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part I Date/Time Prepared: 2/21/2018 7:50 am	
		1.00	2.00				
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	
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.					145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						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		155.00	
156.00	Subprovider - IPF	N		N		156.00	
157.00	Subprovider - IRF	N		N		157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N		N		159.00	
160.00	HOME HEALTH AGENCY	N		N		160.00	
161.00	CMHC	N		N		161.00	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						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	
						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)					0	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	
				Begining		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)			10/01/2017		12/31/2017	
						170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part I Date/Time Prepared: 2/21/2018 7:50 am
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-1317		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part II Date/Time Prepared: 2/21/2018 7:50 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				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	01/17/2018	Y	01/17/2018		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part II Date/Time Prepared: 2/21/2018 7:50 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	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			Y	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAN		LI NHART	41.00
42.00	Enter the employer/company name of the cost report preparer.	RSM US LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	563-888-4404		DAN.LI NHART@RSMUS.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part II Date/Time Prepared: 2/21/2018 7:50 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.	MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
2/21/2018 7:50 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	23	8,395	51,048.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		23	8,395	51,048.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	2	730	528.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY					0	13.00
14.00 Total (see instructions)	43.00	25	9,125	51,576.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	5	1,825		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	46.00	37	13,505			21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RHC (CONSOLIDATED)	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		67				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
2/21/2018 7:50 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	865	273	2,127			1.00
2.00 HMO and other (see instructions)	141	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	923	0	1,027			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	180			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	1,788	273	3,334			7.00
8.00 INTENSIVE CARE UNIT	16	1	22			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		151	429			13.00
14.00 Total (see instructions)	1,804	425	3,785	0.00	557.38	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	617	0	618	0.00	1.67	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE			12,222	0.00	33.10	21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RHC (CONSOLIDATED)	12,009	0	49,933	0.00	101.15	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	693.30	27.00
28.00 Observation Bed Days		0	357			28.00
29.00 Ambulance Trips	917					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	57	128			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
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
2/21/2018 7:50 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	292	101	925	1.00
2.00 HMO and other (see instructions)				38	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	292	101		925	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE	0.00					47	21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RHC (CONSOLIDATED)	0.00						26.00
26.25 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				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-7
Date/Time Prepared:
2/21/2018 7:50 am

		1.00	2.00	3.00	4.00
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	Y	12/31/2002		2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	3.00
4.00		RUL	0	0	4.00
5.00		RVX	0	0	5.00
6.00		RVL	0	0	6.00
7.00		RHX	0	0	7.00
8.00		RHL	0	0	8.00
9.00		RMX	0	0	9.00
10.00		RML	0	0	10.00
11.00		RLX	0	0	11.00
12.00		RUC	0	0	12.00
13.00		RUB	0	0	13.00
14.00		RUA	0	0	14.00
15.00		RVC	14	0	14 15.00
16.00		RVB	7	0	7 16.00
17.00		RVA	1	0	1 17.00
18.00		RHC	166	0	166 18.00
19.00		RHB	42	0	42 19.00
20.00		RHA	331	0	331 20.00
21.00		RMC	13	0	13 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	23	0	23 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	10	0	10 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	5	0	5 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	5	0	5 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	0	0	0 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	0	0	0 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-7

Date/Time Prepared:
2/21/2018 7:50 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	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		617	0	617	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		16580	16580	201.00
			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		78,700	45.45	Y	202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		173,141			207.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-1317 Component CCN: 14-3408		Period: From 10/01/2016 To 09/30/2017		Worksheet S-8 Date/Time Prepared: 2/21/2018 7:50 am	
				RHC I		Cost	
				1.00			
1.00	Clinic Address and Identification Street			225 MARKET STREET		1.00	
				City State ZIP Code			
2.00	City, State, ZIP Code, County			PAXTON IL 60957		2.00	
				1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0		3.00	
				Grant Award		Date	
				1.00		2.00	
4.00	Source of Federal Funds Community Health Center (Section 330(d), PHS Act)					4.00	
5.00	Migrant Health Center (Section 329(d), PHS Act)					5.00	
6.00	Health Services for the Homeless (Section 340(d), PHS Act)					6.00	
7.00	Appalachian Regional Commission					7.00	
8.00	Look-Alikes					8.00	
9.00	OTHER (SPECIFY)					9.00	
				1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N		0 10.00	
				Sunday		Monday	
				Tuesday			
				from to		from to	
				1.00 2.00		3.00 4.00	
				5.00			
11.00	Facility hours of operations (1) Clinic			08:00 12:00		07:00 17:00	
				08:00		11.00	
				1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?			N		12.00	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			Y		8 13.00	
				Provider name		CCN number	
				1.00		2.00	
14.00	RHC/FQHC name, CCN number			THE PAXTON CLINIC		143408 14.00	
14.01				THE ONARGA CLINIC		143440 14.01	
14.02				PRAIRIE FAMILY MEDICINE & OB		148505 14.02	
14.03				HOOPESTON CLINIC		148515 14.03	
14.04				FAMILY HEALTH CARE OF GIBSON CITY		148516 14.04	
14.05				FARMER CITY CLINIC		148517 14.05	
14.06				GIBSON AREA MEDICAL CLINIC		148546 14.06	
14.07				GIBSON CITY CLINIC		148559 14.07	
				Y/N		V	
				XVIII		XIX	
				Total Visits			
				1.00 2.00		3.00 4.00	
				5.00			
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)					15.00	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-1317 Component CCN: 14-3408		Period: From 10/01/2016 To 09/30/2017		Worksheet S-8 Date/Time Prepared: 2/21/2018 7:50 am		
		RHC I		Cost				
		County						
		4.00						
2.00	City, State, ZIP Code, County	FORD						2.00
		Tuesday		Wednesday		Thursday		
		to		to		to		
		6.00		7.00		8.00		
		9.00		10.00				
Facility hours of operations (1)								
11.00	Clinic	17:00	07:00	17:00	07:00	17:00		11.00
		Friday		Saturday				
		from		to		from		
		11.00		12.00		13.00		
		14.00						
Facility hours of operations (1)								
11.00	Clinic	08:00	17:00	08:00	19:00			11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet S-10 Date/Time Prepared: 2/21/2018 7:50 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)			0.378000	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			3,090,120	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			308,891	5.00	
6.00	Medicaid charges			18,133,986	6.00	
7.00	Medicaid cost (line 1 times line 6)			6,854,647	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)			3,455,636	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone CHIP			73,087	9.00	
10.00	Stand-alone CHIP charges			378,829	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)			143,197	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			70,110	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)			3,525,746	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)	1,854,911	810,225	2,665,136	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	701,156	810,225	1,511,381	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)	701,156	810,225	1,511,381	23.00	
				1.00		
24.00	Does the amount on 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)			5,437,653	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			337,006	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			518,470	27.01	
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)			4,919,183	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,040,915	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			3,552,296	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			7,078,042	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet A
Date/Time Prepared:
2/21/2018 7:50 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		3,386,356	3,386,356	-2,126,906	1,259,450	1.00
1.01	00101			0	299,042	299,042	1.01
1.04	00104			0	16,875	16,875	1.04
1.05	00105			0	84,978	84,978	1.05
1.07	00107			0	14,497	14,497	1.07
1.09	00109			0	165,034	165,034	1.09
1.10	00110			0	32,153	32,153	1.10
1.11	00111			0	11,744	11,744	1.11
1.12	00112			0	15,844	15,844	1.12
1.14	00114			0	7,157	7,157	1.14
1.15	00115			0	4,065	4,065	1.15
1.16	00116			0	20,775	20,775	1.16
1.17	00117			0	79,527	79,527	1.17
1.18	00118			0	6,836	6,836	1.18
1.19	00119			0	3,554	3,554	1.19
1.20	00120			0	11,621	11,621	1.20
1.21	00121			0	1,470	1,470	1.21
1.22	00122			0	9,734	9,734	1.22
1.25	00125			0	31,454	31,454	1.25
1.26	00126			0	15,293	15,293	1.26
1.27	00127			0	7,301	7,301	1.27
1.28	00128			0	12,878	12,878	1.28
2.00	00200			0	2,074,261	2,074,261	2.00
4.00	00400	305,830	13,399,005	13,704,835	-1,037,069	12,667,766	4.00
5.01	00580	1,817,923	1,331,496	3,149,419	-65,647	3,083,772	5.01
5.02	00591	4,383,979	10,610,328	14,994,307	-1,056,391	13,937,916	5.02
7.00	00700	505,455	1,094,423	1,599,878	-203,555	1,396,323	7.00
7.01	00701	96,591	107,482	204,073	207,367	411,440	7.01
8.00	00800	224,509	71,296	295,805	0	295,805	8.00
9.00	00900	405,549	92,635	498,184	0	498,184	9.00
10.00	01000	518,189	411,467	929,656	-526,646	403,010	10.00
11.00	01100	0	0	0	526,646	526,646	11.00
13.00	01300	562,774	125,069	687,843	-62,386	625,457	13.00
14.00	01400	0	269,691	269,691	0	269,691	14.00
15.00	01500	577,384	165,142	742,526	0	742,526	15.00
16.00	01600	292,911	132,895	425,806	0	425,806	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,938,252	305,282	3,243,534	-215,099	3,028,435	30.00
31.00	03100	271,781	6,107	277,888	-198,256	79,632	31.00
43.00	04300	0	0	0	346,171	346,171	43.00
44.00	04400	0	0	0	89,442	89,442	44.00
46.00	04600	1,666,302	191,999	1,858,301	-89,442	1,768,859	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,935,863	633,371	2,569,234	0	2,569,234	50.00
51.00	05100	382,560	22,117	404,677	0	404,677	51.00
52.00	05200	0	0	0	129,108	129,108	52.00
53.00	05300	1,872,152	115,555	1,987,707	214,805	2,202,512	53.00
54.00	05400	1,745,896	1,655,827	3,401,723	-75,120	3,326,603	54.00
56.00	05600	0	85,610	85,610	86,919	172,529	56.00
60.00	06000	971,288	1,036,900	2,008,188	26,897	2,035,085	60.00
63.00	06300	0	72,829	72,829	0	72,829	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	428,424	87,318	515,742	-22,391	493,351	65.00
66.00	06600	1,433,199	205,100	1,638,299	525	1,638,824	66.00
67.00	06700	191,467	1,135	192,602	0	192,602	67.00
68.00	06800	396	59,968	60,364	0	60,364	68.00
69.00	06900	0	150,234	150,234	22,391	172,625	69.00
71.00	07100	0	1,418,217	1,418,217	0	1,418,217	71.00
72.00	07200	0	3,864,539	3,864,539	0	3,864,539	72.00
73.00	07300	0	1,828,572	1,828,572	0	1,828,572	73.00
73.01	07301	78,696	2,305	81,001	0	81,001	73.01
73.02	07302	329,488	1,798	331,286	10,054	341,340	73.02
73.03	07303	86,252	147,082	233,334	0	233,334	73.03
73.04	03950	0	0	0	68,230	68,230	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	8,783,709	2,515,506	11,299,215	1,047,929	12,347,144	88.00
90.00	09000	196,480	42,338	238,818	0	238,818	90.00
90.01	09001	243,067	292,393	535,460	0	535,460	90.01
91.00	09100	1,303,679	2,052,563	3,356,242	0	3,356,242	91.00
92.00	09200						92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet A

Date/Time Prepared:
2/21/2018 7:50 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		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,865,812	227,341	2,093,153	70,518	2,163,671	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,415,857	48,219,291	84,635,148	94,187	84,729,335	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	103,431	57,819	161,250	0	161,250	192.01
192.02	19202	GAH FOUNDATION	67,612	194,421	262,033	0	262,033	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	611,759	126,898	738,657	0	738,657	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	918,229	168,667	1,086,896	0	1,086,896	194.02
194.03	07953	WELLNESS CENTER	127,760	13,078	140,838	0	140,838	194.03
194.04	07954	PSYCH CLINIC	611,618	706,111	1,317,729	-164,284	1,153,445	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	589,489	168,410	757,899	67,574	825,473	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	151,570	5,296	156,866	0	156,866	194.07
194.08	07958	340B PHARMACY	0	498,249	498,249	0	498,249	194.08
194.09	07959	GAH CARDIOLOGY	188,414	77,416	265,830	0	265,830	194.09
194.10	07960	WIC	127,623	8,450	136,073	0	136,073	194.10
194.11	07961	PULMONARY CLINIC	15,887	5,738	21,625	0	21,625	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	177,638	29,665	207,303	0	207,303	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	2,040,226	926,381	2,966,607	0	2,966,607	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	877,518	101,884	979,402	0	979,402	194.17
194.18	07968	GAFM	190,442	83,307	273,749	0	273,749	194.18
194.19	07969	GAPC	471,399	140,956	612,355	0	612,355	194.19
194.20	07970	FHCF	39,098	28,997	68,095	1,239	69,334	194.20
194.21	07971	FAMILY H.C. FAIRBURY	463,794	264,581	728,375	1,284	729,659	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	1,934	677	2,611	0	2,611	194.22
194.23	07973	WEEKEND CLINIC AT GAH	24,135	9,532	33,667	0	33,667	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	132,025	36,041	168,066	0	168,066	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	9,700	1,064	10,764	0	10,764	194.25
200.00		TOTAL (SUM OF LINES 118 through 199)	44,357,158	51,872,929	96,230,087	0	96,230,087	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet A
Date/Time Prepared:
2/21/2018 7:50 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	-76,249	1,183,201	1.00
1.01	00101	OB UNIT - BLDG & FIXT	-8,856	290,186	1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI	0	16,875	1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC	0	84,978	1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC	0	14,497	1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	0	165,034	1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	0	32,153	1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	0	11,744	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	0	15,844	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	7,157	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	4,065	1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	20,775	1.16
1.17	00117	B&F - # 10 DOCTOR' S PARK	0	79,527	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	0	6,836	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	0	3,554	1.19
1.20	00120	B&F - #7 DOCTOR' S PARK	0	11,621	1.20
1.21	00121	B&F - #4 DOCTOR' S PARK	0	1,470	1.21
1.22	00122	B&F - #8 DOCTOR' S PARK	0	9,734	1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	31,454	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	15,293	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	7,301	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	12,878	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-34,921	2,039,340	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-506,561	12,161,205	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	3,083,772	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	-2,013,719	11,924,197	5.02
7.00	00700	OPERATION OF PLANT	0	1,396,323	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	411,440	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	-109,558	186,247	8.00
9.00	00900	HOUSEKEEPING	0	498,184	9.00
10.00	01000	DIETARY	0	403,010	10.00
11.00	01100	CAFETERIA	-102,017	424,629	11.00
13.00	01300	NURSING ADMINISTRATION	0	625,457	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	269,691	14.00
15.00	01500	PHARMACY	0	742,526	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,443	424,363	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-141,984	2,886,451	30.00
31.00	03100	INTENSIVE CARE UNIT	-55,028	24,604	31.00
43.00	04300	NURSERY	0	346,171	43.00
44.00	04400	SKILLED NURSING FACILITY	0	89,442	44.00
46.00	04600	OTHER LONG TERM CARE	0	1,768,859	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,569,234	50.00
51.00	05100	RECOVERY ROOM	0	404,677	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	129,108	52.00
53.00	05300	ANESTHESIOLOGY	-1,951,078	251,434	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-668,814	2,657,789	54.00
56.00	05600	RADIOISOTOPE	0	172,529	56.00
60.00	06000	LABORATORY	-1,925	2,033,160	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	72,829	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	493,351	65.00
66.00	06600	PHYSICAL THERAPY	0	1,638,824	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	192,602	67.00
68.00	06800	SPEECH PATHOLOGY	0	60,364	68.00
69.00	06900	ELECTROCARDIOLOGY	-143,450	29,175	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,418,217	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,864,539	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,828,572	73.00
73.01	07301	CARDIAC REHAB	0	81,001	73.01
73.02	07302	WOUND CARE	0	341,340	73.02
73.03	07303	SLEEP LAB	0	233,334	73.03
73.04	03950	DIETARY EDUCATION	0	68,230	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	-448,887	11,898,257	88.00
90.00	09000	CLINIC	0	238,818	90.00
90.01	09001	GERI PSYCH CLINIC	-44,800	490,660	90.01
91.00	09100	EMERGENCY	-1,491,856	1,864,386	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-801	2,162,870	95.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet A
Date/Time Prepared:
2/21/2018 7:50 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-7,801,947	76,927,388	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.01	19201 GAH - MSO	0	161,250	192.01
192.02	19202 GAH FOUNDATION	0	262,033	192.02
194.00	07950 FALCON POINT RENTAL	0	0	194.00
194.01	07951 PHYSICIAN OFFICE	-6,000	732,657	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	-3,600	1,083,296	194.02
194.03	07953 WELLNESS CENTER	0	140,838	194.03
194.04	07954 PSYCH CLINIC	0	1,153,445	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	-9,835	815,638	194.05
194.06	07956 LASER CLINIC	0	0	194.06
194.07	07957 PAIN CLINIC	-3,000	153,866	194.07
194.08	07958 340B PHARMACY	0	498,249	194.08
194.09	07959 GAH CARDIOLOGY	-9,000	256,830	194.09
194.10	07960 WIC	0	136,073	194.10
194.11	07961 PULMONARY CLINIC	0	21,625	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	0	207,303	194.12
194.13	07963 PODIATRY	-5,400	-5,400	194.13
194.14	07964 9TH STREET CLINIC	0	0	194.14
194.15	07965 ORTHO CLINIC	-18,600	2,948,007	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	194.16
194.17	07967 ELITE PERFORMANCE	0	979,402	194.17
194.18	07968 GAFM	0	273,749	194.18
194.19	07969 GAPC	0	612,355	194.19
194.20	07970 FHCF	0	69,334	194.20
194.21	07971 FAMILY H.C. FAIRBURY	0	729,659	194.21
194.22	07972 GIBSON HEALTH OF WATSEKA	0	2,611	194.22
194.23	07973 WEEKEND CLINIC AT GAH	0	33,667	194.23
194.24	07974 #3 CLINIC (DR. DELOST)	0	168,066	194.24
194.25	07975 GIBSON HEALTH OF MAHOMET	0	10,764	194.25
200.00	TOTAL (SUM OF LINES 118 through 199)	-7,857,382	88,372,705	200.00

RECLASSIFICATIONS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-6
Date/Time Prepared:
2/21/2018 7:50 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - INTEREST RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	223,759	1.00
2.00	OB UNIT - BLDG & FIXT	1.01	0	95,986	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	305,351	3.00
4.00	RURAL HEALTH CLINIC	88.00	0	143,775	4.00
5.00	AMBULANCE SERVICES	95.00	0	8,683	5.00
6.00	MAHOMET SPECIALTY CLINIC	194.05	0	67,574	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,799	7.00
	TOTALS		0	856,927	
B - CAFETERIA					
1.00	CAFETERIA	11.00	293,552	233,094	1.00
	TOTALS		293,552	233,094	
C - OBSTETRICS					
1.00	NURSERY	43.00	304,320	41,851	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	113,499	15,609	2.00
	TOTALS		417,819	57,460	
D - SNF DIRECT CARE COST					
1.00	SKILLED NURSING FACILITY	44.00	80,201	9,241	1.00
	TOTALS		80,201	9,241	
E - BOND AMORT COST					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	918	1.00
	TOTALS		0	918	
F - MME, OB, & OFFSITE BLDG DEPR					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,708,981	1.00
2.00	OB UNIT - BLDG & FIXT	1.01	0	203,056	2.00
	TOTALS		0	1,912,037	
G - CAPITAL INSURANCE EXP					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	151,018	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	59,011	2.00
	TOTALS		0	210,029	
H - NUCLEAR MED & EKG TECH SALARY					
1.00	RADIOISOTOPE	56.00	86,919	0	1.00
2.00	ELECTROCARDIOLOGY	69.00	22,391	0	2.00
	TOTALS		109,310	0	
I - AMBULANCE BILLING & UTILITIES COST					
1.00	AMBULANCE SERVICES	95.00	0	65,647	1.00
2.00	OPERATION OF PLANT-OUTSIDE PROPERTY	7.01	0	3,812	2.00
	TOTALS		0	69,459	
J - PHYSICIAN COSTS					
1.00	ADULTS & PEDIATRICS	30.00	0	22,850	1.00
	TOTALS		0	22,850	
K - DIETARY EDUCATION					
1.00	DIETARY EDUCATION	73.04	0	68,230	1.00
	TOTALS		0	68,230	
L - PRACTITIONERS BENEFITS					
1.00	NURSING ADMINISTRATION	13.00	0	5,844	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	28,419	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	10,655	3.00
4.00	ANESTHESIOLOGY	53.00	0	214,805	4.00
5.00	PHYSICAL THERAPY	66.00	0	525	5.00
6.00	WOUND CARE	73.02	0	10,054	6.00
7.00	RURAL HEALTH CLINIC	88.00	0	766,767	7.00
	TOTALS		0	1,037,069	
M - OFFSITE UTILITIES					
1.00	OPERATION OF PLANT-OUTSIDE PROPERTY	7.01	0	203,555	1.00
	TOTALS		0	203,555	
N - ICU FLOAT TO A&P					
1.00	ADULTS & PEDIATRICS	30.00	204,320	4,591	1.00
	TOTALS		204,320	4,591	
O - OFFSITE BLDG DEPR					
1.00	B&F - FARMER CITY RURAL HEALTH CLINIC	1.04	0	16,875	1.00
2.00	B&F - HOOPESTON RURAL HEALTH CLINIC	1.05	0	84,978	2.00
3.00	B&F - FORREST RURAL HEALTH CLINIC	1.07	0	14,497	3.00
4.00	B&F - PAXTON RURAL HEALTH CLINIC	1.09	0	165,034	4.00
5.00	B&F - MAHOMET SPECIALTY CLINIC	1.10	0	32,153	5.00
6.00	B&F - POTOMAC RURAL HEALTH CLINIC	1.11	0	11,744	6.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
7.00	B&F - PAXTON WELLNESS CENTER	1.12	0	15,844	7.00
8.00	B&F - PAXTON AMBULANCE STATION	1.14	0	7,157	8.00
9.00	B&F - AMBULANCE STAFF RESIDENCE	1.15	0	4,065	9.00
10.00	B&F - AMBULANCE BUILDING	1.16	0	20,775	10.00
11.00	B&F - # 10 DOCTOR'S PARK	1.17	0	79,527	11.00
12.00	B&F - COSMETOLOGY OFFICE	1.18	0	6,836	12.00
13.00	B&F - ANESTHESIA HOUSE	1.19	0	3,554	13.00
14.00	B&F - #7 DOCTOR'S PARK	1.20	0	11,621	14.00
15.00	B&F - #4 DOCTOR'S PARK	1.21	0	1,470	15.00
16.00	B&F - #8 DOCTOR'S PARK	1.22	0	9,734	16.00
17.00	B&F - HARMS HOUSE/IT	1.25	0	31,454	17.00
18.00	B&F - 9TH ST. EDUCATION HOUSE	1.26	0	15,293	18.00
19.00	B&F - FALCON POINT RESIDENCE	1.27	0	7,301	19.00
20.00	B&F - 2012 NEW STORAGE SHED	1.28	0	12,878	20.00
21.00	ALL OTHER ADMIN & GENERAL	5.02	0	33,415	21.00
22.00	FHCF	194.20	0	1,239	22.00
23.00	FAMILY H.C. FAIRBURY	194.21	0	1,284	23.00
	TOTALS		0	588,728	
P - LAB SERVICES BILLED					
1.00	LABORATORY	60.00	0	26,897	1.00
	TOTALS		0	26,897	
Q - BWC VISITS RHC					
1.00	RURAL HEALTH CLINIC	88.00	154,656	9,628	1.00
	TOTALS		154,656	9,628	
500.00	Grand Total: Increases		1,259,858	5,310,713	500.00

RECLASSIFICATIONS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-6
Date/Time Prepared:
2/21/2018 7:50 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - INTEREST RECLASS							
1.00	ALL OTHER ADMIN & GENERAL	5.02	0	856,927	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	11		3.00
4.00		0.00	0	0			4.00
5.00		0.00	0	0			5.00
6.00		0.00	0	0			6.00
7.00		0.00	0	0			7.00
TOTALS			0	856,927			
B - CAFETERIA							
1.00	DIETARY	10.00	293,552	233,094	0		1.00
TOTALS			293,552	233,094			
C - OBSTETRICS							
1.00	ADULTS & PEDIATRICS	30.00	417,819	57,460	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			417,819	57,460			
D - SNF DIRECT CARE COST							
1.00	OTHER LONG TERM CARE	46.00	80,201	9,241	0		1.00
TOTALS			80,201	9,241			
E - BOND AMORT COST							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	918	14		1.00
TOTALS			0	918			
F - MME, OB, & OFFSITE BLDG DEPR							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,708,981	11		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	203,056	9		2.00
TOTALS			0	1,912,037			
G - CAPITAL INSURANCE EXP							
1.00	ALL OTHER ADMIN & GENERAL	5.02	0	210,029	12		1.00
2.00		0.00	0	0	12		2.00
TOTALS			0	210,029			
H - NUCLEAR MED & EKG TECH SALARY							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	86,919	0	0		1.00
2.00	RESPIRATORY THERAPY	65.00	22,391	0	0		2.00
TOTALS			109,310	0			
I - AMBULANCE BILLING & UTILITIES COST							
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.01	0	65,647	0		1.00
2.00	AMBULANCE SERVICES	95.00	0	3,812	0		2.00
TOTALS			0	69,459			
J - PHYSICIAN COSTS							
1.00	ALL OTHER ADMIN & GENERAL	5.02	0	22,850	0		1.00
TOTALS			0	22,850			
K - DIETARY EDUCATION							
1.00	NURSING ADMINISTRATION	13.00	0	68,230	0		1.00
TOTALS			0	68,230			
L - PRACTITIONERS BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,037,069	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
TOTALS			0	1,037,069			
M - OFFSITE UTILITIES							
1.00	OPERATION OF PLANT	7.00	0	203,555	0		1.00
TOTALS			0	203,555			
N - ICU FLOAT TO A&P							
1.00	INTENSIVE CARE UNIT	31.00	204,320	4,591	0		1.00
TOTALS			204,320	4,591			
O - OFFSITE BLDG DEPR							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	588,728	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
8.00		0.00	0	0	9		8.00
9.00		0.00	0	0	9		9.00
10.00		0.00	0	0	9		10.00
11.00		0.00	0	0	9		11.00
12.00		0.00	0	0	9		12.00
13.00		0.00	0	0	9		13.00

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Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-6
Date/Time Prepared:
2/21/2018 7:50 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
14.00	0.00	0	0	9		14.00	
15.00	0.00	0	0	9		15.00	
16.00	0.00	0	0	9		16.00	
17.00	0.00	0	0	9		17.00	
18.00	0.00	0	0	9		18.00	
19.00	0.00	0	0	9		19.00	
20.00	0.00	0	0	9		20.00	
21.00	0.00	0	0	0		21.00	
22.00	0.00	0	0	0		22.00	
23.00	0.00	0	0	0		23.00	
TOTALS			588,728				
P - LAB SERVICES BILLED							
1.00	RURAL HEALTH CLINIC	88.00	0	26,897	0	1.00	
TOTALS			0	26,897			
Q - BWC VISITS RHC							
1.00	PSYCH CLINIC	194.04	154,656	9,628	0	1.00	
TOTALS			154,656	9,628			
500.00	Grand Total: Decreases		1,259,858	5,310,713		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-7
Part I
Date/Time Prepared:
2/21/2018 7:50 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,005,624	73,818	0	73,818	0 1.00
2.00	Land Improvements	1,838,439	0	0	0	0 2.00
3.00	Buildings and Fixtures	40,823,910	2,132,483	0	2,132,483	0 3.00
4.00	Building Improvements	0	0	0	0	0 4.00
5.00	Fixed Equipment	0	0	0	0	0 5.00
6.00	Movable Equipment	19,485,036	2,321,155	0	2,321,155	0 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	63,153,009	4,527,456	0	4,527,456	0 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	63,153,009	4,527,456	0	4,527,456	0 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,079,442	0			0 1.00
2.00	Land Improvements	1,838,439	0			0 2.00
3.00	Buildings and Fixtures	42,956,393	0			0 3.00
4.00	Building Improvements	0	0			0 4.00
5.00	Fixed Equipment	0	0			0 5.00
6.00	Movable Equipment	21,806,191	0			0 6.00
7.00	HIT designated Assets	0	0			0 7.00
8.00	Subtotal (sum of lines 1-7)	67,680,465	0			0 8.00
9.00	Reconciling Items	0	0			0 9.00
10.00	Total (line 8 minus line 9)	67,680,465	0			0 10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-7
Part II
Date/Time Prepared:
2/21/2018 7:50 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	3,386,356	0	0	0	0	1.00
1.01	OB UNIT - BLDG & FIXT	0	0	0	0	0	1.01
1.04	B&F - FARMER CITY RURAL HEALTH CLINI	0	0	0	0	0	1.04
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	0	0	1.05
1.07	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	0	0	1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	0	0	1.09
1.10	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	0	0	1.10
1.11	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	0	0	1.11
1.12	B&F - PAXTON WELLNESS CENTER	0	0	0	0	0	1.12
1.14	B&F - PAXTON AMBULANCE STATION	0	0	0	0	0	1.14
1.15	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	0	1.15
1.16	B&F - AMBULANCE BUILDING	0	0	0	0	0	1.16
1.17	B&F - # 10 DOCTOR'S PARK	0	0	0	0	0	1.17
1.18	B&F - COSMETOLOGY OFFICE	0	0	0	0	0	1.18
1.19	B&F - ANESTHESIA HOUSE	0	0	0	0	0	1.19
1.20	B&F - #7 DOCTOR'S PARK	0	0	0	0	0	1.20
1.21	B&F - #4 DOCTOR'S PARK	0	0	0	0	0	1.21
1.22	B&F - #8 DOCTOR'S PARK	0	0	0	0	0	1.22
1.25	B&F - HARMS HOUSE/IT	0	0	0	0	0	1.25
1.26	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1.26
1.27	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1.27
1.28	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1.28
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,386,356	0	0	0	0	3.00

Cost Center Description	SUMMARY OF CAPITAL			
	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
	14.00	15.00		
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2				
1.00	CAP REL COSTS-BLDG & FIXT	0	3,386,356	1.00
1.01	OB UNIT - BLDG & FIXT	0	0	1.01
1.04	B&F - FARMER CITY RURAL HEALTH CLINI	0	0	1.04
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	1.05
1.07	B&F - FORREST RURAL HEALTH CLINIC	0	0	1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0	1.09
1.10	B&F - MAHOMET SPECIALTY CLINIC	0	0	1.10
1.11	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	1.11
1.12	B&F - PAXTON WELLNESS CENTER	0	0	1.12
1.14	B&F - PAXTON AMBULANCE STATION	0	0	1.14
1.15	B&F - AMBULANCE STAFF RESIDENCE	0	0	1.15
1.16	B&F - AMBULANCE BUILDING	0	0	1.16
1.17	B&F - # 10 DOCTOR'S PARK	0	0	1.17
1.18	B&F - COSMETOLOGY OFFICE	0	0	1.18
1.19	B&F - ANESTHESIA HOUSE	0	0	1.19
1.20	B&F - #7 DOCTOR'S PARK	0	0	1.20
1.21	B&F - #4 DOCTOR'S PARK	0	0	1.21
1.22	B&F - #8 DOCTOR'S PARK	0	0	1.22
1.25	B&F - HARMS HOUSE/IT	0	0	1.25
1.26	B&F - 9TH ST. EDUCATION HOUSE	0	0	1.26
1.27	B&F - FALCON POINT RESIDENCE	0	0	1.27
1.28	B&F - 2012 NEW STORAGE SHED	0	0	1.28
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	Total (sum of lines 1-2)	0	3,386,356	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-7
Part III
Date/Time Prepared:
2/21/2018 7:50 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	44,359,484	0	44,359,484	0.670430	0	1.00
1.01	OB UNIT - BLDG & FIXT	0	0	0	0.000000	0	1.01
1.04	B&F - FARMER CITY RURAL HEALTH CLINI	0	0	0	0.000000	0	1.04
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	0.000000	0	1.05
1.07	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	0.000000	0	1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	0.000000	0	1.09
1.10	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	0.000000	0	1.10
1.11	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	0.000000	0	1.11
1.12	B&F - PAXTON WELLNESS CENTER	0	0	0	0.000000	0	1.12
1.14	B&F - PAXTON AMBULANCE STATION	0	0	0	0.000000	0	1.14
1.15	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0.000000	0	1.15
1.16	B&F - AMBULANCE BUILDING	0	0	0	0.000000	0	1.16
1.17	B&F - # 10 DOCTOR'S PARK	0	0	0	0.000000	0	1.17
1.18	B&F - COSMETOLOGY OFFICE	0	0	0	0.000000	0	1.18
1.19	B&F - ANESTHESIA HOUSE	0	0	0	0.000000	0	1.19
1.20	B&F - #7 DOCTOR'S PARK	0	0	0	0.000000	0	1.20
1.21	B&F - #4 DOCTOR'S PARK	0	0	0	0.000000	0	1.21
1.22	B&F - #8 DOCTOR'S PARK	0	0	0	0.000000	0	1.22
1.25	B&F - HARMS HOUSE/IT	0	0	0	0.000000	0	1.25
1.26	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0.000000	0	1.26
1.27	B&F - FALCON POINT RESIDENCE	0	0	0	0.000000	0	1.27
1.28	B&F - 2012 NEW STORAGE SHED	0	0	0	0.000000	0	1.28
2.00	CAP REL COSTS-MVBLE EQUIP	21,806,191	0	21,806,191	0.329570	0	2.00
3.00	Total (sum of lines 1-2)	66,165,675	0	66,165,675	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,538,968	0	1.00
1.01	OB UNIT - BLDG & FIXT	0	0	0	203,056	0	1.01
1.04	B&F - FARMER CITY RURAL HEALTH CLINI	0	0	0	16,875	0	1.04
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	84,978	0	1.05
1.07	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	14,497	0	1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	165,034	0	1.09
1.10	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	32,153	0	1.10
1.11	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	11,744	0	1.11
1.12	B&F - PAXTON WELLNESS CENTER	0	0	0	15,844	0	1.12
1.14	B&F - PAXTON AMBULANCE STATION	0	0	0	7,157	0	1.14
1.15	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	4,065	0	1.15
1.16	B&F - AMBULANCE BUILDING	0	0	0	20,775	0	1.16
1.17	B&F - # 10 DOCTOR'S PARK	0	0	0	79,527	0	1.17
1.18	B&F - COSMETOLOGY OFFICE	0	0	0	6,836	0	1.18
1.19	B&F - ANESTHESIA HOUSE	0	0	0	3,554	0	1.19
1.20	B&F - #7 DOCTOR'S PARK	0	0	0	11,621	0	1.20
1.21	B&F - #4 DOCTOR'S PARK	0	0	0	1,470	0	1.21
1.22	B&F - #8 DOCTOR'S PARK	0	0	0	9,734	0	1.22
1.25	B&F - HARMS HOUSE/IT	0	0	0	31,454	0	1.25
1.26	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	15,293	0	1.26
1.27	B&F - FALCON POINT RESIDENCE	0	0	0	7,301	0	1.27
1.28	B&F - 2012 NEW STORAGE SHED	0	0	0	12,878	0	1.28
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	-6,749	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,288,065	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-7
Part III
Date/Time Prepared:
2/21/2018 7:50 am

Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-1,505,867	151,018	0	-918	1,183,201	1.00
1.01	OB UNIT - BLDG & FIXT	87,130	0	0	0	290,186	1.01
1.04	B&F - FARMER CITY RURAL HEALTH CLINI	0	0	0	0	16,875	1.04
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	0	84,978	1.05
1.07	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	0	14,497	1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	0	165,034	1.09
1.10	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	0	32,153	1.10
1.11	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	0	11,744	1.11
1.12	B&F - PAXTON WELLNESS CENTER	0	0	0	0	15,844	1.12
1.14	B&F - PAXTON AMBULANCE STATION	0	0	0	0	7,157	1.14
1.15	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	4,065	1.15
1.16	B&F - AMBULANCE BUILDING	0	0	0	0	20,775	1.16
1.17	B&F - # 10 DOCTOR'S PARK	0	0	0	0	79,527	1.17
1.18	B&F - COSMETOLOGY OFFICE	0	0	0	0	6,836	1.18
1.19	B&F - ANESTHESIA HOUSE	0	0	0	0	3,554	1.19
1.20	B&F - #7 DOCTOR'S PARK	0	0	0	0	11,621	1.20
1.21	B&F - #4 DOCTOR'S PARK	0	0	0	0	1,470	1.21
1.22	B&F - #8 DOCTOR'S PARK	0	0	0	0	9,734	1.22
1.25	B&F - HARMS HOUSE/IT	0	0	0	0	31,454	1.25
1.26	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	15,293	1.26
1.27	B&F - FALCON POINT RESIDENCE	0	0	0	0	7,301	1.27
1.28	B&F - 2012 NEW STORAGE SHED	0	0	0	0	12,878	1.28
2.00	CAP REL COSTS-MVBLE EQUIP	1,986,160	59,011	0	918	2,039,340	2.00
3.00	Total (sum of lines 1-2)	567,423	210,029	0	0	4,065,517	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-8

Date/Time Prepared:
2/21/2018 7:50 am

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

2/21/2018 7:50 am

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-8

Date/Time Prepared:
2/21/2018 7:50 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00
8.00 Television and radio service (chapter 21)		0			0.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,560,343				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests		0			0.00	0	14.00
15.00 Rental of quarters to employees and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts		0			0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines		0			0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01 Depreciation - OB UNIT - BLDG & FIXT		0	0	OB UNIT - BLDG & FIXT	1.01	0	26.01
26.04 Depreciation - B&F - FARMER CITY RURAL HEALTH CLINI		0	0	OB&F - FARMER CITY RURAL HEALTH CLINI	1.04	0	26.04
26.05 Depreciation - B&F - HOOPESTON RURAL HEALTH CLINI C		0	0	OB&F - HOOPESTON RURAL HEALTH CLINI C	1.05	0	26.05
26.07 Depreciation - B&F - FORREST RURAL HEALTH CLINI C		0	0	OB&F - FORREST RURAL HEALTH CLINI C	1.07	0	26.07
26.09 Depreciation - B&F - PAXTON RURAL HEALTH CLINI C		0	0	OB&F - PAXTON RURAL HEALTH CLINI C	1.09	0	26.09
26.10 Depreciation - B&F - MAHOMET SPECIALTY CLINI C		0	0	OB&F - MAHOMET SPECIALTY CLINI C	1.10	0	26.10
26.11 Depreciation - B&F - POTOMAC RURAL HEALTH CLINI C		0	0	OB&F - POTOMAC RURAL HEALTH CLINI C	1.11	0	26.11
26.12 Depreciation - B&F - PAXTON WELLNESS CENTER		0	0	OB&F - PAXTON WELLNESS CENTER	1.12	0	26.12
26.14 Depreciation - B&F - PAXTON AMBULANCE STATION		0	0	OB&F - PAXTON AMBULANCE STATION	1.14	0	26.14
26.15 Depreciation - B&F - AMBULANCE STAFF RESIDENCE		0	0	OB&F - AMBULANCE STAFF RESIDENCE	1.15	0	26.15
26.16 Depreciation - B&F - AMBULANCE BUILDING		0	0	OB&F - AMBULANCE BUILDING	1.16	0	26.16
26.17 Depreciation - B&F - # 10 DOCTOR' S PARK		0	0	OB&F - # 10 DOCTOR' S PARK	1.17	0	26.17
26.18 Depreciation - B&F - COSMETOLOGY OFFICE		0	0	OB&F - COSMETOLOGY OFFICE	1.18	0	26.18

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-8

Date/Time Prepared:
2/21/2018 7:50 am

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
26.19 Depreciation - B&F - ANESTHESIA HOUSE			OB&F - ANESTHESIA HOUSE	1.19	0	26.19
26.20 Depreciation - B&F - #7 DOCTOR'S PARK			OB&F - #7 DOCTOR'S PARK	1.20	0	26.20
26.21 Depreciation - B&F - #4 DOCTOR'S PARK			OB&F - #4 DOCTOR'S PARK	1.21	0	26.21
26.22 Depreciation - B&F - #8 DOCTOR'S PARK			OB&F - #8 DOCTOR'S PARK	1.22	0	26.22
26.25 Depreciation - B&F - HARMS HOUSE/IT			OB&F - HARMS HOUSE/IT	1.25	0	26.25
26.26 Depreciation - B&F - 9TH ST. EDUCATION HOUSE			OB&F - 9TH ST. EDUCATION HOUSE	1.26	0	26.26
26.27 Depreciation - B&F - FALCON POINT RESIDENCE			OB&F - FALCON POINT RESIDENCE	1.27	0	26.27
26.28 Depreciation - B&F - 2012 NEW STORAGE SHED			OB&F - 2012 NEW STORAGE SHED	1.28	0	26.28
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OOCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	-6,749	CAP REL COSTS-MVBLE EQUIP	2.00	9	32.00
33.00 A&G MISC REV	B	-7,515	ALL OTHER ADMIN & GENERAL	5.02	0	33.00
33.01 DR BARK DIRECTOR FEES	B	-12,000	RURAL HEALTH CLINIC	88.00	0	33.01
33.02 PAXTON HEALTHCARE OTHER REV	B	-6,000	RURAL HEALTH CLINIC	88.00	0	33.02
33.03 HOUSE RENT	A	-3,500	ANESTHESIOLOGY	53.00	0	33.03
33.04 SCHOOL NURSING INCOME	B	-122,550	ALL OTHER ADMIN & GENERAL	5.02	0	33.04
33.05 HOSPICE MISC REV	B	-26,977	ALL OTHER ADMIN & GENERAL	5.02	0	33.05
33.06 OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00	0	33.06
33.07 CAFE MISC REV	B	-102,017	CAFETERIA	11.00	0	33.07
33.08 LAUNDRY MISC REV	B	-109,558	LAUNDRY & LINEN SERVICE	8.00	0	33.08
33.09 MED RECORDS MISC REV	B	-1,443	MEDICAL RECORDS & LIBRARY	16.00	0	33.09
33.10 RENTAL INC - OPC	B	-55,604	CAP REL COSTS-BLDG & FIXT	1.00	9	33.10
33.11 INVEST INCOME - B&F	B	-20,645	CAP REL COSTS-BLDG & FIXT	1.00	11	33.11
33.12 INVEST INCOME - OB B&F	B	-8,856	OB UNIT - BLDG & FIXT	1.01	11	33.12
33.13 INVEST INCOME - MME	B	-28,172	CAP REL COSTS-MVBLE EQUIP	2.00	11	33.13
33.14 INVEST INCOME - A&G	B	-27,799	ALL OTHER ADMIN & GENERAL	5.02	0	33.14
33.15 INVEST INCOME - RAD	B	-1,089	RADIOLOGY-DIAGNOSTIC	54.00	0	33.15
33.16 INVEST INCOME - PAXTON	B	-6,230	RURAL HEALTH CLINIC	88.00	0	33.16
33.17 INVEST INCOME - ONARGA	B	-692	RURAL HEALTH CLINIC	88.00	0	33.17
33.18 INVEST INCOME - FORREST	B	-2,852	RURAL HEALTH CLINIC	88.00	0	33.18
33.19 INVEST INCOME - FARMER CITY	B	-1,078	RURAL HEALTH CLINIC	88.00	0	33.19
33.20 INVEST INCOME - RHC II	B	-2,413	RURAL HEALTH CLINIC	88.00	0	33.20
33.21 INVEST INCOME - AMBULANCE	B	-801	AMBULANCE SERVICES	95.00	0	33.21
33.22 INVEST INCOME - MAHOMET	B	-6,235	MAHOMET SPECIALTY CLINIC	194.05	0	33.22
33.23 INTERNALLY ALLOCATED RENT EXP - RHC	A	-204,718	RURAL HEALTH CLINIC	88.00	0	33.23
33.24 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.24
33.25 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.25
33.26 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.26
33.27 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.27
33.28 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.28

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-8

Date/Time Prepared:
2/21/2018 7:50 am

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		
33.29 INTERNALLY ALLOCATED RENT EXP - ORTH	A	-18,600	ORTHO CLINIC	194.15	0	33.29	
33.30 INTERNALLY ALLOCATED RENT EXP - PO	A	-6,000	PHYSICIAN OFFICE	194.01	0	33.30	
33.31 INTERNALLY ALLOCATED RENT EXP - PC	A	-3,600	PLASTIC SURG & DR. CHUNG	194.02	0	33.31	
33.32 INTERNALLY ALLOCATED RENT EXP - CLIN	A	-3,000	PAIN CLINIC	194.07	0	33.32	
33.33 INTERNALLY ALLOCATED RENT EXP - MAHO	A	-3,600	MAHOMET SPECIALTY CLINIC	194.05	0	33.33	
33.34 INTERNALLY ALLOCATED RENT EXP - CARD	A	-9,000	GAH CARDIOLOGY	194.09	0	33.34	
33.35 INTERNALLY ALLOCATED RENT EXP - PODI	A	-5,400	PODIATRY	194.13	0	33.35	
33.36 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.36	
33.37 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.37	
33.38 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.38	
33.39 LOBBYING DUES	A	-20,947	ALL OTHER ADMIN & GENERAL	5.02	0	33.39	
33.40 STATE PROVIDER TAX EXP	A	-202,925	ALL OTHER ADMIN & GENERAL	5.02	0	33.40	
33.41 OP STATE PROVIDER TAX EXP	A	-446,985	ALL OTHER ADMIN & GENERAL	5.02	0	33.41	
33.42 CRNA SALARIES	A	-1,805,529	ANESTHESIOLOGY	53.00	0	33.42	
33.43 CRNA BENEFITS	A	-128,474	ANESTHESIOLOGY	53.00	0	33.43	
33.44 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.44	
33.45 PUBLIC RELATIONS OFFSET	A	-446,172	ALL OTHER ADMIN & GENERAL	5.02	0	33.45	
33.46 GIBSON PHO EXP	A	-527,489	ALL OTHER ADMIN & GENERAL	5.02	0	33.46	
34.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.00	
35.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.00	
36.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	36.00	
37.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.00	
38.01 MISC DONATIONS (COMM ED)	A	-184,360	ALL OTHER ADMIN & GENERAL	5.02	0	38.01	
40.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	40.00	
41.00 PT B PHYSICIAN BENEFITS	A	-506,561	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41.00	
42.00 RHC DRS HOSP VISIT	A	-212,904	RURAL HEALTH CLINIC	88.00	0	42.00	
43.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.00	
44.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.00	
45.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.00	
45.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.01	
45.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.02	
45.03 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.03	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-7,857,382				50.00	

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-8-2

Date/Time Prepared:
2/21/2018 7:50 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	69.00	ELECTROCARDIOLOGY	143,450	143,450	0	0	0	1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	661,425	661,425	0	0	0	2.00
3.00	91.00	EMERGENCY	1,393,164	932,368	460,796	0	0	3.00
4.00	91.00	EMERGENCY	559,488	559,488	0	0	0	4.00
5.00	60.00	LABORATORY	1,925	1,925	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	6,300	6,300	0	0	0	6.00
7.00	90.01	GERI PSYCH CLINIC	44,800	44,800	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	13,575	13,575	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	141,984	141,984	0	0	0	9.00
10.00	31.00	INTENSIVE CARE UNIT	55,028	55,028	0	0	0	10.00
200.00			3,021,139	2,560,343	460,796			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	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	2.00
3.00	91.00	EMERGENCY	0	0	0	0	0	3.00
4.00	91.00	EMERGENCY	0	0	0	0	0	4.00
5.00	60.00	LABORATORY	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	90.01	GERI PSYCH CLINIC	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	9.00
10.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	69.00	ELECTROCARDIOLOGY	0	0	0	143,450		1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	661,425		2.00
3.00	91.00	EMERGENCY	0	0	0	932,368		3.00
4.00	91.00	EMERGENCY	0	0	0	559,488		4.00
5.00	60.00	LABORATORY	0	0	0	1,925		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	6,300		6.00
7.00	90.01	GERI PSYCH CLINIC	0	0	0	44,800		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	13,575		8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	141,984		9.00
10.00	31.00	INTENSIVE CARE UNIT	0	0	0	55,028		10.00
200.00			0	0	0	2,560,343		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
Date/Time Prepared:
2/21/2018 7:50 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	OB UNIT - BLDG & FIXT	B&F - FARMER CITY RURAL HEALTH CLINI	B&F - HOOPESTON RURAL HEALTH CLINI C	
		0	1.00	1.01	1.04	1.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,183,201	1,183,201			1.00
1.01	00101	OB UNIT - BLDG & FIXT	290,186	0	290,186		1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI	16,875	0	0	16,875	1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINI C	84,978	0	0	0	84,978
1.07	00107	B&F - FORREST RURAL HEALTH CLINI C	14,497	0	0	0	0
1.09	00109	B&F - PAXTON RURAL HEALTH CLINI C	165,034	0	0	0	0
1.10	00110	B&F - MAHOMET SPECIALTY CLINI C	32,153	0	0	0	0
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINI C	11,744	0	0	0	0
1.12	00112	B&F - PAXTON WELLNESS CENTER	15,844	0	0	0	0
1.14	00114	B&F - PAXTON AMBULANCE STATION	7,157	0	0	0	0
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	4,065	0	0	0	0
1.16	00116	B&F - AMBULANCE BUILDING	20,775	0	0	0	0
1.17	00117	B&F - # 10 DOCTOR' S PARK	79,527	0	0	0	0
1.18	00118	B&F - COSMETOLOGY OFFICE	6,836	0	0	6,836	0
1.19	00119	B&F - ANESTHESIA HOUSE	3,554	0	0	0	0
1.20	00120	B&F - #7 DOCTOR' S PARK	11,621	0	0	0	0
1.21	00121	B&F - #4 DOCTOR' S PARK	1,470	0	0	0	0
1.22	00122	B&F - #8 DOCTOR' S PARK	9,734	0	0	0	0
1.25	00125	B&F - HARMS HOUSE/IT	31,454	0	0	0	0
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	15,293	0	0	0	0
1.27	00127	B&F - FALCON POINT RESIDENCE	7,301	0	0	0	0
1.28	00128	B&F - 2012 NEW STORAGE SHED	12,878	0	0	0	0
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,039,340				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,161,205	11,722	0	0	0
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,083,772	6,563	0	0	0
5.02	00591	ALL OTHER ADMIN & GENERAL	11,924,197	281,400	9,078	0	0
7.00	00700	OPERATION OF PLANT	1,396,323	127,795	0	0	0
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	411,440	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	186,247	23,721	0	0	0
9.00	00900	HOUSEKEEPING	498,184	6,491	2,387	0	0
10.00	01000	DIETARY	403,010	25,821	0	0	0
11.00	01100	CAFETERIA	424,629	12,670	0	0	0
13.00	01300	NURSING ADMINISTRATION	625,457	1,644	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	269,691	0	0	0	0
15.00	01500	PHARMACY	742,526	12,850	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	424,363	12,430	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,886,451	49,901	189,066	0	0
31.00	03100	INTENSIVE CARE UNIT	24,604	10,643	0	0	0
43.00	04300	NURSERY	346,171	0	18,185	0	0
44.00	04400	SKILLED NURSING FACILITY	89,442	7,667	0	0	0
46.00	04600	OTHER LONG TERM CARE	1,768,859	144,605	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,569,234	162,867	12,997	0	0
51.00	05100	RECOVERY ROOM	404,677	18,502	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	129,108	0	56,646	0	0
53.00	05300	ANESTHESIOLOGY	251,434	1,068	1,827	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,657,789	89,460	0	0	0
56.00	05600	RADIOISOTOPE	172,529	3,899	0	0	0
60.00	06000	LABORATORY	2,033,160	22,989	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	72,829	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	493,351	13,198	0	0	0
66.00	06600	PHYSICAL THERAPY	1,638,824	4,067	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	192,602	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	60,364	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	29,175	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,418,217	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,864,539	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,828,572	0	0	0	0
73.01	07301	CARDIAC REHAB	81,001	9,851	0	0	0
73.02	07302	WOUND CARE	341,340	13,810	0	0	0
73.03	07303	SLEEP LAB	233,334	8,603	0	0	0
73.04	03950	DIETARY EDUCATION	68,230	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINI C	11,898,257	1,752	0	16,875	84,978
90.00	09000	CLINI C	238,818	27,440	0	0	0
90.01	09001	GERI PSYCH CLINI C	490,660	0	0	0	0

2/21/2018 7:50 am

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
Date/Time Prepared:
2/21/2018 7:50 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
			BLDG & FIXT	OB UNIT - BLDG & FIXT	B&F - FARMER CITY RURAL HEALTH CLINI	B&F - HOOPESTON RURAL HEALTH CLINIC		
		0	1.00	1.01	1.04	1.05		
91.00	09100	EMERGENCY	1,864,386	63,712	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,162,870	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		76,927,388	1,177,141	290,186	16,875	84,978	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,408	0	0	0	190.00
192.01	19201	GAH - MSO	161,250	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	262,033	2,652	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	732,657	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	1,083,296	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	140,838	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	1,153,445	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	815,638	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	153,866	0	0	0	0	194.07
194.08	07958	340B PHARMACY	498,249	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	256,830	0	0	0	0	194.09
194.10	07960	WIC	136,073	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	21,625	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	207,303	0	0	0	0	194.12
194.13	07963	PODIATRY	-5,400	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	2,948,007	0	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	979,402	0	0	0	0	194.17
194.18	07968	GAFM	273,749	0	0	0	0	194.18
194.19	07969	GAPC	612,355	0	0	0	0	194.19
194.20	07970	FHCF	69,334	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	729,659	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	2,611	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	33,667	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	168,066	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	10,764	0	0	0	0	194.25
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers			0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)		88,372,705	1,183,201	290,186	16,875	84,978	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
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Cost Center Description		CAPITAL RELATED COSTS					
		B&F - FORREST RURAL HEALTH CLINIC	B&F - PAXTON RURAL HEALTH CLINIC	B&F - MAHOMET SPECIALTY CLINIC	B&F - POTOMAC RURAL HEALTH CLINIC	B&F - PAXTON WELLNESS CENTER	
		1.07	1.09	1.10	1.11	1.12	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC	14,497				1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	0	165,034			1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	0	0	32,153		1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	11,744	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	0	0	0	0	15,844
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	0	0	0	0
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	0
1.16	00116	B&F - AMBULANCE BUILDING	0	0	0	0	0
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	0	0	0	0
1.18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	0
1.19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	0
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	0
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	0
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	0
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	0	0	0	0	0
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	0	0	0	0	0
10.00	01000	DIETARY	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	CARDIAC REHAB	0	0	0	0	0
73.02	07302	WOUND CARE	0	0	0	0	0
73.03	07303	SLEEP LAB	0	0	0	0	0
73.04	03950	DIETARY EDUCATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	14,497	165,034	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS					
		B&F - FORREST RURAL HEALTH CLINIC	B&F - PAXTON RURAL HEALTH CLINIC	B&F - MAHOMET SPECIALTY CLINIC	B&F - POTOMAC RURAL HEALTH CLINIC	B&F - PAXTON WELLNESS CENTER	
		1.07	1.09	1.10	1.11	1.12	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	14,497	165,034	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201 GAH - MSO	0	0	0	0	0	192.01
192.02	19202 GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950 FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951 PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953 WELLNESS CENTER	0	0	0	0	15,844	194.03
194.04	07954 PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	0	0	32,153	0	0	194.05
194.06	07956 LASER CLINIC	0	0	0	0	0	194.06
194.07	07957 PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958 340B PHARMACY	0	0	0	0	0	194.08
194.09	07959 GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960 WIC	0	0	0	0	0	194.10
194.11	07961 PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	0	0	0	11,744	0	194.12
194.13	07963 PODIATRY	0	0	0	0	0	194.13
194.14	07964 9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965 ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967 ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968 GAFM	0	0	0	0	0	194.18
194.19	07969 GAPC	0	0	0	0	0	194.19
194.20	07970 FHCF	0	0	0	0	0	194.20
194.21	07971 FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972 GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973 WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974 #3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975 GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
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 through 201)	14,497	165,034	32,153	11,744	15,844	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
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Cost Center Description		CAPITAL RELATED COSTS					
		B&F - PAXTON AMBULANCE STATION	B&F - AMBULANCE STAFF RESIDENCE	B&F - AMBULANCE BUILDING	B&F - # 10 DOCTOR'S PARK	B&F - COSMETOLOGY OFFICE	
		1. 14	1. 15	1. 16	1. 17	1. 18	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	7,157				1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	4,065			1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	0	20,775		1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	0	0	79,527	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	6,836
1.19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	0
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	0
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	0
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	0
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	17,323	0
7.00	00700	OPERATION OF PLANT	0	0	0	0	0
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	0	0	0	73	0
10.00	01000	DIETARY	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	49,296	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	CARDIAC REHAB	0	0	0	0	0
73.02	07302	WOUND CARE	0	0	0	0	0
73.03	07303	SLEEP LAB	0	0	0	0	0
73.04	03950	DIETARY EDUCATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	0

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS						
		B&F - PAXTON AMBULANCE STATION	B&F - AMBULANCE STAFF RESIDENCE	B&F - AMBULANCE BUILDING	B&F - # 10 DOCTOR'S PARK	B&F - COSMETOLOGY OFFICE		
		1. 14	1. 15	1. 16	1. 17	1. 18		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES SPECIAL PURPOSE COST CENTERS	4,771	4,065	20,775	0	0	95.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	4,771	4,065	20,775	66,692	0	118.00
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	6,836	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	12,835	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	2,386	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
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 through 201)	7,157	4,065	20,775	79,527	6,836	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS					
		B&F - ANESTHESIA HOUSE	B&F - #7 DOCTOR'S PARK	B&F - #4 DOCTOR'S PARK	B&F - #8 DOCTOR'S PARK	B&F - HARMS HOUSE/IT	
		1.19	1.20	1.21	1.22	1.25	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15
1.16	00116	B&F - AMBULANCE BUILDING					1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK					1.17
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18
1.19	00119	B&F - ANESTHESIA HOUSE	3,554				1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	11,621			1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	1,470		1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	9,734	1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	31,454
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0
5.02	00591	ALL OTHER ADMIN & GENERAL	691	0	0	0	31,454
7.00	00700	OPERATION OF PLANT	0	0	0	0	0
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	0	0	0	0	0
10.00	01000	DIETARY	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	2,863	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	CARDIAC REHAB	0	0	0	0	0
73.02	07302	WOUND CARE	0	0	0	0	0
73.03	07303	SLEEP LAB	0	0	0	0	0
73.04	03950	DIETARY EDUCATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	11,621	0	9,734	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	GERI PSYCH CLINIC	0	0	1,470	0	0
91.00	09100	EMERGENCY	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS					
		B&F - ANESTHESIA HOUSE	B&F - #7 DOCTOR'S PARK	B&F - #4 DOCTOR'S PARK	B&F - #8 DOCTOR'S PARK	B&F - HARMS HOUSE/IT	
		1. 19	1. 20	1. 21	1. 22	1. 25	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,554	11,621	1,470	9,734	31,454	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201 GAH - MSO	0	0	0	0	0	192.01
192.02	19202 GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950 FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951 PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953 WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954 PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956 LASER CLINIC	0	0	0	0	0	194.06
194.07	07957 PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958 340B PHARMACY	0	0	0	0	0	194.08
194.09	07959 GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960 WIC	0	0	0	0	0	194.10
194.11	07961 PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963 PODIATRY	0	0	0	0	0	194.13
194.14	07964 9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965 ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967 ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968 GAFM	0	0	0	0	0	194.18
194.19	07969 GAPC	0	0	0	0	0	194.19
194.20	07970 FHCF	0	0	0	0	0	194.20
194.21	07971 FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972 GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973 WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974 #3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975 GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
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 through 201)	3,554	11,621	1,470	9,734	31,454	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT		
		B&F - 9TH ST. EDUCATION HOUSE	B&F - FALCON POINT RESIDENCE	B&F - 2012 NEW STORAGE SHED	MVBLE EQUIP			
		1.26	1.27	1.28	2.00			4.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	OB UNIT - BLDG & FIXT					1.01	
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04	
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05	
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07	
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09	
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10	
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11	
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12	
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14	
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15	
1.16	00116	B&F - AMBULANCE BUILDING					1.16	
1.17	00117	B&F - # 10 DOCTOR'S PARK					1.17	
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18	
1.19	00119	B&F - ANESTHESIA HOUSE					1.19	
1.20	00120	B&F - #7 DOCTOR'S PARK					1.20	
1.21	00121	B&F - #4 DOCTOR'S PARK					1.21	
1.22	00122	B&F - #8 DOCTOR'S PARK					1.22	
1.25	00125	B&F - HARMS HOUSE/IT					1.25	
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	15,293				1.26	
1.27	00127	B&F - FALCON POINT RESIDENCE	0	7,301			1.27	
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	12,878		1.28	
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2,039,340	2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	12,172,927	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	486	707,714	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	15,293	0	12,878	741,043	1,706,686	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	2,294	196,773	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	37,603	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	10,174	87,401	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	157,879	9.00
10.00	01000	DIETARY	0	0	0	1,716	87,451	10.00
11.00	01100	CAFETERIA	0	0	0	0	114,279	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	209,496	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	224,774	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	63	114,030	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	35,058	1,012,417	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	1,447	7,397	31.00
43.00	04300	NURSERY	0	0	0	0	118,471	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	31,222	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	24,202	617,466	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	126,574	753,628	50.00
51.00	05100	RECOVERY ROOM	0	0	0	368	148,930	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	44,185	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	18,782	25,936	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	614,550	645,836	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	33,837	56.00
60.00	06000	LABORATORY	0	0	0	59,751	378,120	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,572	158,068	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,178	556,962	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	74,538	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	154	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	4,316	8,717	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	6,413	30,636	73.01
73.02	07302	WOUND CARE	0	0	0	0	90,312	73.02
73.03	07303	SLEEP LAB	0	0	0	6,500	33,578	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	73,823	1,143,950	88.00
90.00	09000	CLINIC	0	0	0	2,086	76,489	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	94,625	90.01
91.00	09100	EMERGENCY	0	0	0	35,830	507,520	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

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Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT			
	B&F - 9TH ST. EDUCATION HOUSE	B&F - FALCON POINT RESIDENCE	B&F - 2012 NEW STORAGE SHED	MVBLE EQUIP				
	1.26	1.27	1.28	2.00				
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	115,836	726,357	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,293	0	12,878	1,893,062	10,963,437	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	7,532	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	26,321	192.02
194.00	07950	FALCON POINT RENTAL	0	7,301	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	51,757	35,150	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	58,108	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	49,737	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	177,894	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	41,785	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	16	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	6,718	45,395	194.09
194.10	07960	WIC	0	0	0	0	49,683	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	929	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	24,096	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	77,862	154,368	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	332,998	194.17
194.18	07968	GAFM	0	0	0	0	33,999	194.18
194.19	07969	GAPC	0	0	0	0	53,114	194.19
194.20	07970	FHCF	0	0	0	0	15,221	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	558	73,891	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	753	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	7,668	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	9,383	17,056	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	3,776	194.25
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 through 201)	15,293	7,301	12,878	2,039,340	12,172,927	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

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Cost Center Description		Subtotal	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	ALL OTHER ADMIN & GENERAL	OPERATION OF PLANT	
		4A	5.01	5A.01	5.02	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15
1.16	00116	B&F - AMBULANCE BUILDING					1.16
1.17	00117	B&F - # 10 DOCTOR' S PARK					1.17
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18
1.19	00119	B&F - ANESTHESIA HOUSE					1.19
1.20	00120	B&F - #7 DOCTOR' S PARK					1.20
1.21	00121	B&F - #4 DOCTOR' S PARK					1.21
1.22	00122	B&F - #8 DOCTOR' S PARK					1.22
1.25	00125	B&F - HARMS HOUSE/IT					1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE					1.26
1.27	00127	B&F - FALCON POINT RESIDENCE					1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED					1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,798,535	3,798,535			5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	14,740,043	0	14,740,043		5.02
7.00	00700	OPERATION OF PLANT	1,723,185	0	1,723,185	344,928	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	449,043	0	449,043	89,884	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	307,543	0	307,543	61,561	8.00
9.00	00900	HOUSEKEEPING	665,014	0	665,014	133,115	9.00
10.00	01000	DIETARY	517,998	0	517,998	103,687	10.00
11.00	01100	CAFETERIA	551,578	0	551,578	110,409	11.00
13.00	01300	NURSING ADMINISTRATION	836,597	0	836,597	167,461	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	269,691	0	269,691	53,984	14.00
15.00	01500	PHARMACY	980,150	0	980,150	196,196	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	550,886	0	550,886	110,270	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,172,893	395,956	4,568,849	914,542	30.00
31.00	03100	INTENSIVE CARE UNIT	44,091	4,184	48,275	9,663	31.00
43.00	04300	NURSERY	482,827	45,814	528,641	105,818	43.00
44.00	04400	SKILLED NURSING FACILITY	128,331	0	128,331	25,688	44.00
46.00	04600	OTHER LONG TERM CARE	2,555,132	0	2,555,132	511,458	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,625,300	343,990	3,969,290	794,529	50.00
51.00	05100	RECOVERY ROOM	572,477	54,320	626,797	125,465	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	229,939	21,818	251,757	50,394	52.00
53.00	05300	ANESTHESIOLOGY	301,910	28,647	330,557	66,167	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,007,635	380,268	4,387,903	878,322	54.00
56.00	05600	RADIOISOTOPE	210,265	19,951	230,216	46,082	56.00
60.00	06000	LABORATORY	2,494,020	236,648	2,730,668	546,595	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	72,829	6,910	79,739	15,961	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	675,189	64,066	739,255	147,976	65.00
66.00	06600	PHYSICAL THERAPY	2,250,327	213,525	2,463,852	493,187	66.00
67.00	06700	OCCUPATIONAL THERAPY	267,140	25,348	292,488	58,547	67.00
68.00	06800	SPEECH PATHOLOGY	60,518	5,742	66,260	13,263	68.00
69.00	06900	ELECTROCARDIOLOGY	42,208	4,005	46,213	9,250	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,418,217	134,569	1,552,786	310,820	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,864,539	366,691	4,231,230	846,961	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,828,572	173,506	2,002,078	400,754	73.00
73.01	07301	CARDIAC REHAB	127,901	12,136	140,037	28,031	73.01
73.02	07302	WOUND CARE	445,462	42,268	487,730	97,628	73.02
73.03	07303	SLEEP LAB	282,015	26,759	308,774	61,807	73.03
73.04	03950	DIETARY EDUCATION	68,230	6,474	74,704	14,953	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	13,420,521	0	13,420,521	2,686,360	88.00
90.00	09000	CLINIC	344,833	32,720	377,553	75,574	90.00
90.01	09001	GERI PSYCH CLINIC	586,755	55,675	642,430	128,595	90.01
91.00	09100	EMERGENCY	2,471,448	234,506	2,705,954	541,648	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	3,034,674	0	3,034,674	607,448	95.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

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Cost Center Description		Subtotal	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	ALL OTHER ADMIN & GENERAL	OPERATION OF PLANT	
		4A	5.01	5A.01	5.02	7.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	75,476,461	2,936,496	74,614,422	11,984,981	2,053,712	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,408	0	3,408	682	8,099	190.00
192.01	19201 GAH - MSO	168,782	0	168,782	33,785	0	192.01
192.02	19202 GAH FOUNDATION	291,006	0	291,006	58,250	6,302	192.02
194.00	07950 FALCON POINT RENTAL	7,301	693	7,994	1,600	0	194.00
194.01	07951 PHYSICIAN OFFICE	819,564	77,765	897,329	179,617	0	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	1,148,240	0	1,148,240	229,842	0	194.02
194.03	07953 WELLNESS CENTER	206,419	0	206,419	41,319	0	194.03
194.04	07954 PSYCH CLINIC	1,331,339	126,325	1,457,664	291,779	0	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	889,576	84,408	973,984	194,961	0	194.05
194.06	07956 LASER CLINIC	0	0	0	0	0	194.06
194.07	07957 PAIN CLINIC	153,882	14,601	168,483	33,725	0	194.07
194.08	07958 340B PHARMACY	498,249	0	498,249	99,734	0	194.08
194.09	07959 GAH CARDIOLOGY	308,943	29,314	338,257	67,709	0	194.09
194.10	07960 WIC	185,756	0	185,756	37,183	0	194.10
194.11	07961 PULMONARY CLINIC	22,554	2,140	24,694	4,943	0	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	243,143	23,071	266,214	53,288	0	194.12
194.13	07963 PODIATRY	-5,400	0	-5,400	0	0	194.13
194.14	07964 9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965 ORTHO CLINIC	3,193,072	302,978	3,496,050	699,801	0	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967 ELITE PERFORMANCE	1,314,786	0	1,314,786	263,179	0	194.17
194.18	07968 GAFM	307,748	29,201	336,949	67,447	0	194.18
194.19	07969 GAPC	665,469	63,144	728,613	145,846	0	194.19
194.20	07970 FHCF	84,555	8,023	92,578	18,531	0	194.20
194.21	07971 FAMILY H.C. FAIRBURY	804,108	76,299	880,407	176,230	0	194.21
194.22	07972 GIBSON HEALTH OF WATSEKA	3,364	319	3,683	737	0	194.22
194.23	07973 WEEKEND CLINIC AT GAH	41,335	3,922	45,257	9,059	0	194.23
194.24	07974 #3 CLINIC (DR. DELOST)	194,505	18,456	212,961	42,628	0	194.24
194.25	07975 GIBSON HEALTH OF MAHOMET	14,540	1,380	15,920	3,187	0	194.25
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 through 201)	88,372,705	3,798,535	88,372,705	14,740,043	2,068,113	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
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Cost Center Description		OPERATION OF PLANT-OUTSIDE PROPERTY	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.01	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15
1.16	00116	B&F - AMBULANCE BUILDING					1.16
1.17	00117	B&F - # 10 DOCTOR' S PARK					1.17
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18
1.19	00119	B&F - ANESTHESIA HOUSE					1.19
1.20	00120	B&F - #7 DOCTOR' S PARK					1.20
1.21	00121	B&F - #4 DOCTOR' S PARK					1.21
1.22	00122	B&F - #8 DOCTOR' S PARK					1.22
1.25	00125	B&F - HARMS HOUSE/IT					1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE					1.26
1.27	00127	B&F - FALCON POINT RESIDENCE					1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED					1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02	00591	ALL OTHER ADMIN & GENERAL					5.02
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	538,927				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	425,481			8.00
9.00	00900	HOUSEKEEPING	60	63,345	879,271		9.00
10.00	01000	DIETARY	0	12,025	14,725	709,803	10.00
11.00	01100	CAFETERIA	0	17,486	7,226	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	937	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	7,328	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	7,089	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	81,875	72,352	114,976	107,290
31.00	03100	INTENSIVE CARE UNIT	0	0	6,069	509	13,381
43.00	04300	NURSERY	0	1,920	4,222	0	11,439
44.00	04400	SKILLED NURSING FACILITY	0	20,133	4,372	28,605	4,443
46.00	04600	OTHER LONG TERM CARE	0	126,403	82,465	565,713	88,055
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	38,275	95,896	0	92,791
51.00	05100	RECOVERY ROOM	0	0	10,551	0	23,543
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,568	13,151	0	4,256
53.00	05300	ANESTHESIOLOGY	7,326	0	11,913	0	17,052
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,029	51,017	0	95,025
56.00	05600	RADIOISOTOPE	0	0	2,224	0	10,162
60.00	06000	LABORATORY	0	0	13,110	0	63,714
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	7,527	0	19,260
66.00	06600	PHYSICAL THERAPY	40,382	22,737	62,293	0	62,091
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	5,799
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	27
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,250
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	CARDIAC REHAB	0	0	5,618	0	5,321
73.02	07302	WOUND CARE	0	0	7,876	0	9,205
73.03	07303	SLEEP LAB	0	0	4,906	0	4,363
73.04	03950	DIETARY EDUCATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	267,381	0	115,979	0	0
90.00	09000	CLINIC	0	0	15,649	0	10,721
90.01	09001	GERI PSYCH CLINIC	18,576	0	27,589	0	0
91.00	09100	EMERGENCY	0	24,685	36,333	0	35,728
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	39,502	0	38,140	0	0

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2016
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Cost Center Description		OPERATION OF PLANT-OUTSIDE PROPERTY	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.01	8.00	9.00	10.00	11.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	373,227	425,481	726,557	709,803	716,813	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,943	0	0	190.00
192.01	19201 GAH - MSO	0	0	0	0	0	192.01
192.02	19202 GAH FOUNDATION	0	0	1,512	0	0	192.02
194.00	07950 FALCON POINT RENTAL	17,282	0	0	0	0	194.00
194.01	07951 PHYSICIAN OFFICE	9,288	0	13,794	0	0	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	7,160	0	10,633	0	0	194.02
194.03	07953 WELLNESS CENTER	32,251	0	0	0	0	194.03
194.04	07954 PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	9,813	0	14,574	0	0	194.05
194.06	07956 LASER CLINIC	0	0	0	0	0	194.06
194.07	07957 PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958 340B PHARMACY	0	0	0	0	0	194.08
194.09	07959 GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960 WIC	0	0	0	0	0	194.10
194.11	07961 PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	21,617	0	19,104	0	0	194.12
194.13	07963 PODIATRY	0	0	0	0	0	194.13
194.14	07964 9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965 ORTHO CLINIC	10,514	0	15,614	0	0	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967 ELITE PERFORMANCE	57,775	0	75,540	0	0	194.17
194.18	07968 GAFM	0	0	0	0	0	194.18
194.19	07969 GAPC	0	0	0	0	0	194.19
194.20	07970 FHCF	0	0	0	0	0	194.20
194.21	07971 FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972 GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973 WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974 #3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975 GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
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 through 201)	538,927	425,481	879,271	709,803	716,813	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-1317		Period: From 10/01/2016 To 09/30/2017		Worksheet B Part I Date/Time Prepared: 2/21/2018 7:50 am	
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	
			13.00	14.00	15.00	16.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR' S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR' S PARK						1.20
1.21	00121	B&F - #4 DOCTOR' S PARK						1.21
1.22	00122	B&F - #8 DOCTOR' S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00591	ALL OTHER ADMIN & GENERAL						5.02
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	1,023,640					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	323,675				14.00
15.00	01500	PHARMACY	0	1,087	1,232,461			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	75	0	697,863		16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	255,479	3,729	651	102,851	6,524,129	30.00
31.00	03100	INTENSIVE CARE UNIT	31,879	0	3	2,552	137,625	31.00
43.00	04300	NURSERY	27,256	0	0	4,932	701,823	43.00
44.00	04400	SKILLED NURSING FACILITY	10,604	0	0	2,300	242,698	44.00
46.00	04600	OTHER LONG TERM CARE	209,696	1,206	111	0	4,483,922	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	220,943	11,055	5,119	90,034	5,717,594	50.00
51.00	05100	RECOVERY ROOM	56,089	333	0	0	886,751	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,165	0	0	0	387,100	52.00
53.00	05300	ANESTHESIOLOGY	0	452	2,024	0	439,797	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	594	1,714	221,089	5,862,313	54.00
56.00	05600	RADIOISOTOPE	0	30	31	0	298,013	56.00
60.00	06000	LABORATORY	0	1,680	42	115,290	3,525,737	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	95,700	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	45,881	31	39	975	992,312	65.00
66.00	06600	PHYSICAL THERAPY	0	184	265	10,368	3,165,026	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	356,834	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	79,550	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	56,713	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	111,476	0	0	1,975,082	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	181,179	51,157	0	5,310,527	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,122,885	0	3,525,717	73.00
73.01	07301	CARDIAC REHAB	12,690	22	49	424	215,604	73.01
73.02	07302	WOUND CARE	21,945	174	645	2,810	660,836	73.02
73.03	07303	SLEEP LAB	10,415	8	0	1,084	411,803	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	89,657	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	3,801	22,617	0	16,520,822	88.00
90.00	09000	CLINIC	25,502	419	23	6,755	577,414	90.00
90.01	09001	GERI PSYCH CLINIC	0	15	0	3,573	820,778	90.01
91.00	09100	EMERGENCY	85,096	1,977	235	129,271	3,712,350	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	372	2,023	0	3,722,159	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	
		13.00	14.00	15.00	16.00	24.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,023,640	319,899	1,209,633	694,308	71,496,386	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	14,132	190.00
192.01	19201 GAH - MSO	0	10	0	0	202,577	192.01
192.02	19202 GAH FOUNDATION	0	7	0	0	357,077	192.02
194.00	07950 FALCON POINT RENTAL	0	0	0	0	26,876	194.00
194.01	07951 PHYSICIAN OFFICE	0	70	6	0	1,100,104	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	0	31	2,731	0	1,398,637	194.02
194.03	07953 WELLNESS CENTER	0	38	0	0	280,027	194.03
194.04	07954 PSYCH CLINIC	0	51	147	0	1,749,641	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	0	546	2,227	0	1,196,105	194.05
194.06	07956 LASER CLINIC	0	0	0	0	0	194.06
194.07	07957 PAIN CLINIC	0	0	0	0	202,208	194.07
194.08	07958 340B PHARMACY	0	0	0	0	597,983	194.08
194.09	07959 GAH CARDIOLOGY	0	26	174	0	406,166	194.09
194.10	07960 WIC	0	11	0	0	222,950	194.10
194.11	07961 PULMONARY CLINIC	0	0	0	0	29,637	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	0	31	673	0	360,927	194.12
194.13	07963 PODIATRY	0	0	0	0	-5,400	194.13
194.14	07964 9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965 ORTHO CLINIC	0	2,450	12,345	3,555	4,240,329	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967 ELITE PERFORMANCE	0	152	0	0	1,711,432	194.17
194.18	07968 GAFM	0	64	1,286	0	405,746	194.18
194.19	07969 GAPC	0	54	1,675	0	876,188	194.19
194.20	07970 FHCF	0	29	823	0	111,961	194.20
194.21	07971 FAMILY H.C. FAIRBURY	0	179	741	0	1,057,557	194.21
194.22	07972 GIBSON HEALTH OF WATSEKA	0	0	0	0	4,420	194.22
194.23	07973 WEEKEND CLINIC AT GAH	0	26	0	0	54,342	194.23
194.24	07974 #3 CLINIC (DR. DELOST)	0	0	0	0	255,589	194.24
194.25	07975 GIBSON HEALTH OF MAHOMET	0	1	0	0	19,108	194.25
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 through 201)	1,023,640	323,675	1,232,461	697,863	88,372,705	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
Date/Time Prepared:
2/21/2018 7:50 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
1.01	00101	OB UNIT - BLDG & FIXT		1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI		1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC		1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC		1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC		1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC		1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC		1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER		1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION		1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE		1.15
1.16	00116	B&F - AMBULANCE BUILDING		1.16
1.17	00117	B&F - # 10 DOCTOR' S PARK		1.17
1.18	00118	B&F - COSMETOLOGY OFFICE		1.18
1.19	00119	B&F - ANESTHESIA HOUSE		1.19
1.20	00120	B&F - #7 DOCTOR' S PARK		1.20
1.21	00121	B&F - #4 DOCTOR' S PARK		1.21
1.22	00122	B&F - #8 DOCTOR' S PARK		1.22
1.25	00125	B&F - HARMS HOUSE/IT		1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE		1.26
1.27	00127	B&F - FALCON POINT RESIDENCE		1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED		1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.01
5.02	00591	ALL OTHER ADMIN & GENERAL		5.02
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-147,889	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
56.00	05600	RADIOISOTOPE	0	56.00
60.00	06000	LABORATORY	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	147,889	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
73.01	07301	CARDIAC REHAB	0	73.01
73.02	07302	WOUND CARE	0	73.02
73.03	07303	SLEEP LAB	0	73.03
73.04	03950	DIETARY EDUCATION	0	73.04
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
90.00	09000	CLINIC	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	90.01
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
Date/Time Prepared:
2/21/2018 7:50 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	3,722,159	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	71,496,386	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,132	190.00
192.01	19201	GAH - MSO	0	202,577	192.01
192.02	19202	GAH FOUNDATION	0	357,077	192.02
194.00	07950	FALCON POINT RENTAL	0	26,876	194.00
194.01	07951	PHYSICIAN OFFICE	0	1,100,104	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	1,398,637	194.02
194.03	07953	WELLNESS CENTER	0	280,027	194.03
194.04	07954	PSYCH CLINIC	0	1,749,641	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	1,196,105	194.05
194.06	07956	LASER CLINIC	0	0	194.06
194.07	07957	PAIN CLINIC	0	202,208	194.07
194.08	07958	340B PHARMACY	0	597,983	194.08
194.09	07959	GAH CARDIOLOGY	0	406,166	194.09
194.10	07960	WIC	0	222,950	194.10
194.11	07961	PULMONARY CLINIC	0	29,637	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	360,927	194.12
194.13	07963	PODIATRY	0	-5,400	194.13
194.14	07964	9TH STREET CLINIC	0	0	194.14
194.15	07965	ORTHO CLINIC	0	4,240,329	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	1,711,432	194.17
194.18	07968	GAFM	0	405,746	194.18
194.19	07969	GAPC	0	876,188	194.19
194.20	07970	FHCF	0	111,961	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	1,057,557	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	4,420	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	54,342	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	255,589	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	19,108	194.25
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	88,372,705	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/21/2018 7:50 am
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Cost Center Description		CAPITAL RELATED COSTS					
		Directly Assigned New Capital Related Costs	BLDG & FIXT	OB UNIT - BLDG & FIXT	B&F - FARMER CITY RURAL HEALTH CLINI		B&F - HOOPESTON RURAL HEALTH CLINI C
			0	1.00	1.01		1.04
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINI C					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINI C					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINI C					1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINI C					1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINI C					1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15
1.16	00116	B&F - AMBULANCE BUILDING					1.16
1.17	00117	B&F - # 10 DOCTOR' S PARK					1.17
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18
1.19	00119	B&F - ANESTHESIA HOUSE					1.19
1.20	00120	B&F - #7 DOCTOR' S PARK					1.20
1.21	00121	B&F - #4 DOCTOR' S PARK					1.21
1.22	00122	B&F - #8 DOCTOR' S PARK					1.22
1.25	00125	B&F - HARMS HOUSE/IT					1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE					1.26
1.27	00127	B&F - FALCON POINT RESIDENCE					1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED					1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	11,722	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	6,563	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	281,400	9,078	0	5.02
7.00	00700	OPERATION OF PLANT	0	127,795	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	23,721	0	0	8.00
9.00	00900	HOUSEKEEPING	0	6,491	2,387	0	9.00
10.00	01000	DIETARY	0	25,821	0	0	10.00
11.00	01100	CAFETERIA	0	12,670	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,644	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	12,850	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	12,430	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	49,901	189,066	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	10,643	0	0	31.00
43.00	04300	NURSERY	0	0	18,185	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	7,667	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	144,605	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	162,867	12,997	0	50.00
51.00	05100	RECOVERY ROOM	0	18,502	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	56,646	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,068	1,827	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	89,460	0	0	54.00
56.00	05600	RADIOISOTOPE	0	3,899	0	0	56.00
60.00	06000	LABORATORY	0	22,989	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	13,198	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,067	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	9,851	0	0	73.01
73.02	07302	WOUND CARE	0	13,810	0	0	73.02
73.03	07303	SLEEP LAB	0	8,603	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	1,752	0	16,875	88.00
90.00	09000	CLINIC	0	27,440	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	63,712	0	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/21/2018 7:50 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	OB UNIT - BLDG & FIXT	B&F - FARMER CITY RURAL HEALTH CLINI	B&F - HOOPESTON RURAL HEALTH CLINIC	
		0	1.00	1.01	1.04	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00 09500 AMBULANCE SERVICES SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	95.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	0	1,177,141	290,186	16,875	84,978	118.00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,408	0	0	0	190.00
192.01 19201 GAH - MSO	0	0	0	0	0	192.01
192.02 19202 GAH FOUNDATION	0	2,652	0	0	0	192.02
194.00 07950 FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01 07951 PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02 07952 PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03 07953 WELLNESS CENTER	0	0	0	0	0	194.03
194.04 07954 PSYCH CLINIC	0	0	0	0	0	194.04
194.05 07955 MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06 07956 LASER CLINIC	0	0	0	0	0	194.06
194.07 07957 PAIN CLINIC	0	0	0	0	0	194.07
194.08 07958 340B PHARMACY	0	0	0	0	0	194.08
194.09 07959 GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10 07960 WIC	0	0	0	0	0	194.10
194.11 07961 PULMONARY CLINIC	0	0	0	0	0	194.11
194.12 07962 FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13 07963 PODIATRY	0	0	0	0	0	194.13
194.14 07964 9TH STREET CLINIC	0	0	0	0	0	194.14
194.15 07965 ORTHO CLINIC	0	0	0	0	0	194.15
194.16 07966 GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17 07967 ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18 07968 GAFM	0	0	0	0	0	194.18
194.19 07969 GAPC	0	0	0	0	0	194.19
194.20 07970 FHCF	0	0	0	0	0	194.20
194.21 07971 FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22 07972 GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23 07973 WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24 07974 #3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25 07975 GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	1,183,201	290,186	16,875	84,978	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/21/2018 7:50 am
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Cost Center Description		CAPITAL RELATED COSTS					
		B&F - FORREST RURAL HEALTH CLINIC	B&F - PAXTON RURAL HEALTH CLINIC	B&F - MAHOMET SPECIALTY CLINIC	B&F - POTOMAC RURAL HEALTH CLINIC	B&F - PAXTON WELLNESS CENTER	
		1.07	1.09	1.10	1.11	1.12	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15
1.16	00116	B&F - AMBULANCE BUILDING					1.16
1.17	00117	B&F - # 10 DOCTOR' S PARK					1.17
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18
1.19	00119	B&F - ANESTHESIA HOUSE					1.19
1.20	00120	B&F - #7 DOCTOR' S PARK					1.20
1.21	00121	B&F - #4 DOCTOR' S PARK					1.21
1.22	00122	B&F - #8 DOCTOR' S PARK					1.22
1.25	00125	B&F - HARMS HOUSE/IT					1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE					1.26
1.27	00127	B&F - FALCON POINT RESIDENCE					1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED					1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	14,497	165,034	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00

2/21/2018 7:50 am

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/21/2018 7:50 am
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Cost Center Description		CAPITAL RELATED COSTS					
		B&F - FORREST RURAL HEALTH CLINIC	B&F - PAXTON RURAL HEALTH CLINIC	B&F - MAHOMET SPECIALTY CLINIC	B&F - POTOMAC RURAL HEALTH CLINIC	B&F - PAXTON WELLNESS CENTER	
		1.07	1.09	1.10	1.11	1.12	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	14,497	165,034	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201 GAH - MSO	0	0	0	0	0	192.01
192.02	19202 GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950 FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951 PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953 WELLNESS CENTER	0	0	0	0	15,844	194.03
194.04	07954 PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	0	0	32,153	0	0	194.05
194.06	07956 LASER CLINIC	0	0	0	0	0	194.06
194.07	07957 PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958 340B PHARMACY	0	0	0	0	0	194.08
194.09	07959 GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960 WIC	0	0	0	0	0	194.10
194.11	07961 PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	0	0	0	11,744	0	194.12
194.13	07963 PODIATRY	0	0	0	0	0	194.13
194.14	07964 9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965 ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967 ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968 GAFM	0	0	0	0	0	194.18
194.19	07969 GAPC	0	0	0	0	0	194.19
194.20	07970 FHCF	0	0	0	0	0	194.20
194.21	07971 FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972 GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973 WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974 #3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975 GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
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 through 201)	14,497	165,034	32,153	11,744	15,844	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/21/2018 7:50 am
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Cost Center Description		CAPITAL RELATED COSTS					
		B&F - PAXTON AMBULANCE STATION	B&F - AMBULANCE STAFF RESIDENCE	B&F - AMBULANCE BUILDING	B&F - # 10 DOCTOR'S PARK	B&F - COSMETOLOGY OFFICE	
		1. 14	1. 15	1. 16	1. 17	1. 18	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15
1.16	00116	B&F - AMBULANCE BUILDING					1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK					1.17
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18
1.19	00119	B&F - ANESTHESIA HOUSE					1.19
1.20	00120	B&F - #7 DOCTOR'S PARK					1.20
1.21	00121	B&F - #4 DOCTOR'S PARK					1.21
1.22	00122	B&F - #8 DOCTOR'S PARK					1.22
1.25	00125	B&F - HARMS HOUSE/IT					1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE					1.26
1.27	00127	B&F - FALCON POINT RESIDENCE					1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED					1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	17,323	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	73	9.00
10.00	01000	DIETARY	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	49,296	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part II
Date/Time Prepared:
2/21/2018 7:50 am

Cost Center Description		CAPITAL RELATED COSTS						
		B&F - PAXTON AMBULANCE STATION	B&F - AMBULANCE STAFF RESIDENCE	B&F - AMBULANCE BUILDING	B&F - # 10 DOCTOR'S PARK	B&F - COSMETOLOGY OFFICE		
		1. 14	1. 15	1. 16	1. 17	1. 18		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES SPECIAL PURPOSE COST CENTERS	4,771	4,065	20,775	0	0	95.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	4,771	4,065	20,775	66,692	0	118.00
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	6,836	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	12,835	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	2,386	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
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 through 201)	7,157	4,065	20,775	79,527	6,836	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/21/2018 7:50 am
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Cost Center Description		CAPITAL RELATED COSTS					
		B&F - ANESTHESIA HOUSE	B&F - #7 DOCTOR'S PARK	B&F - #4 DOCTOR'S PARK	B&F - #8 DOCTOR'S PARK	B&F - HARMS HOUSE/IT	
		1.19	1.20	1.21	1.22	1.25	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15
1.16	00116	B&F - AMBULANCE BUILDING					1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK					1.17
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18
1.19	00119	B&F - ANESTHESIA HOUSE					1.19
1.20	00120	B&F - #7 DOCTOR'S PARK					1.20
1.21	00121	B&F - #4 DOCTOR'S PARK					1.21
1.22	00122	B&F - #8 DOCTOR'S PARK					1.22
1.25	00125	B&F - HARMS HOUSE/IT					1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE					1.26
1.27	00127	B&F - FALCON POINT RESIDENCE					1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED					1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	691	0	0	0	31,454 5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,863	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	11,621	0	9,734	0 88.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	GERI PSYCH CLINIC	0	0	1,470	0	0 90.01
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00

2/21/2018 7:50 am

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part II
Date/Time Prepared:
2/21/2018 7:50 am

Cost Center Description		CAPITAL RELATED COSTS					
		B&F - ANESTHESIA HOUSE	B&F - #7 DOCTOR'S PARK	B&F - #4 DOCTOR'S PARK	B&F - #8 DOCTOR'S PARK	B&F - HARMS HOUSE/IT	
		1. 19	1. 20	1. 21	1. 22	1. 25	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,554	11,621	1,470	9,734	31,454	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201 GAH - MSO	0	0	0	0	0	192.01
192.02	19202 GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950 FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951 PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953 WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954 PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956 LASER CLINIC	0	0	0	0	0	194.06
194.07	07957 PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958 340B PHARMACY	0	0	0	0	0	194.08
194.09	07959 GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960 WIC	0	0	0	0	0	194.10
194.11	07961 PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963 PODIATRY	0	0	0	0	0	194.13
194.14	07964 9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965 ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967 ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968 GAFM	0	0	0	0	0	194.18
194.19	07969 GAPC	0	0	0	0	0	194.19
194.20	07970 FHCF	0	0	0	0	0	194.20
194.21	07971 FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972 GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973 WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974 #3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975 GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
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 through 201)	3,554	11,621	1,470	9,734	31,454	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/21/2018 7:50 am
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Cost Center Description		CAPITAL RELATED COSTS				Subtotal		
		B&F - 9TH ST. EDUCATION HOUSE	B&F - FALCON POINT RESIDENCE	B&F - 2012 NEW STORAGE SHED	MVBLE EQUIP			
		1.26	1.27	1.28	2.00			2A
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	OB UNIT - BLDG & FIXT					1.01	
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04	
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05	
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07	
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09	
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10	
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11	
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12	
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14	
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15	
1.16	00116	B&F - AMBULANCE BUILDING					1.16	
1.17	00117	B&F - # 10 DOCTOR'S PARK					1.17	
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18	
1.19	00119	B&F - ANESTHESIA HOUSE					1.19	
1.20	00120	B&F - #7 DOCTOR'S PARK					1.20	
1.21	00121	B&F - #4 DOCTOR'S PARK					1.21	
1.22	00122	B&F - #8 DOCTOR'S PARK					1.22	
1.25	00125	B&F - HARMS HOUSE/IT					1.25	
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE					1.26	
1.27	00127	B&F - FALCON POINT RESIDENCE					1.27	
1.28	00128	B&F - 2012 NEW STORAGE SHED					1.28	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	11,722	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	486	7,049	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	15,293	0	12,878	741,043	1,109,160	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	2,294	130,089	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	10,174	33,895	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	8,951	9.00
10.00	01000	DIETARY	0	0	0	1,716	27,537	10.00
11.00	01100	CAFETERIA	0	0	0	0	12,670	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,644	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	12,850	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	63	12,493	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	35,058	274,025	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	1,447	12,090	31.00
43.00	04300	NURSERY	0	0	0	0	18,185	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	7,667	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	24,202	168,807	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	126,574	302,438	50.00
51.00	05100	RECOVERY ROOM	0	0	0	368	18,870	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	56,646	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	18,782	24,540	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	614,550	704,010	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	3,899	56.00
60.00	06000	LABORATORY	0	0	0	59,751	82,740	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,572	23,770	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,178	54,541	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	4,316	4,316	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	6,413	16,264	73.01
73.02	07302	WOUND CARE	0	0	0	0	13,810	73.02
73.03	07303	SLEEP LAB	0	0	0	6,500	15,103	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	73,823	378,314	88.00
90.00	09000	CLINIC	0	0	0	2,086	29,526	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	1,470	90.01
91.00	09100	EMERGENCY	0	0	0	35,830	99,542	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/21/2018 7:50 am
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Cost Center Description	CAPITAL RELATED COSTS				Subtotal			
	B&F - 9TH ST. EDUCATION HOUSE	B&F - FALCON POINT RESIDENCE	B&F - 2012 NEW STORAGE SHED	MVBLE EQUIP				
	1.26	1.27	1.28	2.00				
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	115,836	145,447	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,293	0	12,878	1,893,062	3,824,080	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	3,408	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	2,652	192.02
194.00	07950	FALCON POINT RENTAL	0	7,301	0	0	7,301	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	51,757	51,757	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	6,836	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	15,844	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	32,153	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	6,718	6,718	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	11,744	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	77,862	90,697	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	2,386	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	558	558	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	9,383	9,383	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
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 through 201)	15,293	7,301	12,878	2,039,340	4,065,517	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-1317		Period: From 10/01/2016 To 09/30/2017		Worksheet B Part II Date/Time Prepared: 2/21/2018 7:50 am	
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/AC COUNTS RECEIVABLE	ALL OTHER ADMIN & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT-OUTSIDE PROPERTY	
			4.00	5.01	5.02	7.00	7.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR' S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR' S PARK						1.20
1.21	00121	B&F - #4 DOCTOR' S PARK						1.21
1.22	00122	B&F - #8 DOCTOR' S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,722					4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	682	7,731				5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	1,639	0	1,110,799			5.02
7.00	00700	OPERATION OF PLANT	190	0	25,994	156,273		7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	36	0	6,774	0	6,810	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	84	0	4,639	4,260	0	8.00
9.00	00900	HOUSEKEEPING	152	0	10,032	1,340	1	9.00
10.00	01000	DIETARY	84	0	7,814	4,637	0	10.00
11.00	01100	CAFETERIA	110	0	8,321	2,275	0	11.00
13.00	01300	NURSING ADMINISTRATION	202	0	12,620	295	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	4,068	0	0	14.00
15.00	01500	PHARMACY	217	0	14,786	2,308	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	110	0	8,310	2,232	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	975	811	68,921	22,785	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7	9	728	1,911	0	31.00
43.00	04300	NURSERY	114	93	7,975	1,330	0	43.00
44.00	04400	SKILLED NURSING FACILITY	30	0	1,936	1,377	0	44.00
46.00	04600	OTHER LONG TERM CARE	595	0	38,544	25,970	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	726	700	59,877	30,201	0	50.00
51.00	05100	RECOVERY ROOM	143	110	9,455	3,323	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	43	44	3,798	4,142	0	52.00
53.00	05300	ANESTHESIOLOGY	25	58	4,986	325	93	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	622	773	66,192	16,066	0	54.00
56.00	05600	RADIOISOTOPE	33	41	3,473	700	0	56.00
60.00	06000	LABORATORY	364	481	41,192	4,129	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	14	1,203	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	152	130	11,152	2,370	0	65.00
66.00	06600	PHYSICAL THERAPY	537	434	37,167	730	510	66.00
67.00	06700	OCCUPATIONAL THERAPY	72	52	4,412	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	12	1,000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8	8	697	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	274	23,424	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	746	63,828	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	353	30,201	0	0	73.00
73.01	07301	CARDIAC REHAB	30	25	2,112	1,769	0	73.01
73.02	07302	WOUND CARE	87	86	7,357	2,480	0	73.02
73.03	07303	SLEEP LAB	32	54	4,658	1,545	0	73.03
73.04	03950	DIETARY EDUCATION	0	13	1,127	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	1,102	0	202,414	315	3,379	88.00
90.00	09000	CLINIC	74	67	5,695	4,928	0	90.00
90.01	09001	GERI PSYCH CLINIC	91	113	9,691	0	235	90.01
91.00	09100	EMERGENCY	489	477	40,819	11,442	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	700	0	45,778	0	499	95.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part II
Date/Time Prepared:
2/21/2018 7:50 am

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/AC COUNTS RECEIVABLE	ALL OTHER ADMIN & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT-OUTSIDE PROPERTY	
		4.00	5.01	5.02	7.00	7.01	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	10,557	5,978	903,170	155,185	4,717	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	51	612	0	190.00
192.01	19201 GAH - MSO	7	0	2,546	0	0	192.01
192.02	19202 GAH FOUNDATION	25	0	4,390	476	0	192.02
194.00	07950 FALCON POINT RENTAL	0	1	121	0	218	194.00
194.01	07951 PHYSICIAN OFFICE	34	158	13,536	0	117	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	56	0	17,321	0	90	194.02
194.03	07953 WELLNESS CENTER	48	0	3,114	0	408	194.03
194.04	07954 PSYCH CLINIC	171	257	21,989	0	0	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	40	172	14,693	0	124	194.05
194.06	07956 LASER CLINIC	0	0	0	0	0	194.06
194.07	07957 PAIN CLINIC	0	30	2,542	0	0	194.07
194.08	07958 340B PHARMACY	0	0	7,516	0	0	194.08
194.09	07959 GAH CARDIOLOGY	44	60	5,103	0	0	194.09
194.10	07960 WIC	48	0	2,802	0	0	194.10
194.11	07961 PULMONARY CLINIC	1	4	373	0	0	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	23	47	4,016	0	273	194.12
194.13	07963 PODIATRY	0	0	0	0	0	194.13
194.14	07964 9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965 ORTHO CLINIC	149	616	52,738	0	133	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967 ELITE PERFORMANCE	321	0	19,834	0	730	194.17
194.18	07968 GAFM	33	59	5,083	0	0	194.18
194.19	07969 GAPC	51	128	10,991	0	0	194.19
194.20	07970 FHCF	15	16	1,397	0	0	194.20
194.21	07971 FAMILY H.C. FAIRBURY	71	155	13,281	0	0	194.21
194.22	07972 GIBSON HEALTH OF WATSEKA	1	1	56	0	0	194.22
194.23	07973 WEEKEND CLINIC AT GAH	7	8	683	0	0	194.23
194.24	07974 #3 CLINIC (DR. DELOST)	16	38	3,213	0	0	194.24
194.25	07975 GIBSON HEALTH OF MAHOMET	4	3	240	0	0	194.25
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 through 201)	11,722	7,731	1,110,799	156,273	6,810	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/21/2018 7:50 am				
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
		8.00	9.00	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	OB UNIT - BLDG & FIXT					1.01	
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04	
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05	
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07	
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09	
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10	
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11	
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12	
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14	
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15	
1.16	00116	B&F - AMBULANCE BUILDING					1.16	
1.17	00117	B&F - # 10 DOCTOR' S PARK					1.17	
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18	
1.19	00119	B&F - ANESTHESIA HOUSE					1.19	
1.20	00120	B&F - #7 DOCTOR' S PARK					1.20	
1.21	00121	B&F - #4 DOCTOR' S PARK					1.21	
1.22	00122	B&F - #8 DOCTOR' S PARK					1.22	
1.25	00125	B&F - HARMS HOUSE/IT					1.25	
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE					1.26	
1.27	00127	B&F - FALCON POINT RESIDENCE					1.27	
1.28	00128	B&F - 2012 NEW STORAGE SHED					1.28	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.01	
5.02	00591	ALL OTHER ADMIN & GENERAL					5.02	
7.00	00700	OPERATION OF PLANT					7.00	
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY					7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	42,878				8.00	
9.00	00900	HOUSEKEEPING	6,384	26,860			9.00	
10.00	01000	DIETARY	1,212	450	41,734		10.00	
11.00	01100	CAFETERIA	1,762	221	0	25,359	11.00	
13.00	01300	NURSING ADMINISTRATION	0	29	0	521	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00	
15.00	01500	PHARMACY	0	224	0	607	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	217	0	0	16.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,251	2,210	6,760	3,796	3,821	30.00
31.00	03100	INTENSIVE CARE UNIT	0	185	30	473	477	31.00
43.00	04300	NURSERY	194	129	0	405	408	43.00
44.00	04400	SKILLED NURSING FACILITY	2,029	134	1,682	157	159	44.00
46.00	04600	OTHER LONG TERM CARE	12,737	2,519	33,262	3,115	3,136	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,857	2,929	0	3,283	3,305	50.00
51.00	05100	RECOVERY ROOM	0	322	0	833	839	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	259	402	0	151	152	52.00
53.00	05300	ANESTHESIOLOGY	0	364	0	603	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,414	1,558	0	3,362	0	54.00
56.00	05600	RADIO SOTOPE	0	68	0	360	0	56.00
60.00	06000	LABORATORY	0	400	0	2,254	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	230	0	681	686	65.00
66.00	06600	PHYSICAL THERAPY	2,291	1,903	0	2,197	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	205	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	44	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	172	0	188	190	73.01
73.02	07302	WOUND CARE	0	241	0	326	328	73.02
73.03	07303	SLEEP LAB	0	150	0	154	156	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	3,542	0	0	0	88.00
90.00	09000	CLINIC	0	478	0	379	381	90.00
90.01	09001	GERI PSYCH CLINIC	0	843	0	0	0	90.01
91.00	09100	EMERGENCY	2,488	1,110	0	1,264	1,273	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	1,165	0	0	0	95.00

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ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/21/2018 7:50 am
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		42,878	22,195	41,734	25,359	15,311
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	59	0	0	0
192.01	19201	GAH - MSO	0	0	0	0	0
192.02	19202	GAH FOUNDATION	0	46	0	0	0
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0
194.01	07951	PHYSICIAN OFFICE	0	421	0	0	0
194.02	07952	PLASTIC SURG & DR. CHUNG	0	325	0	0	0
194.03	07953	WELLNESS CENTER	0	0	0	0	0
194.04	07954	PSYCH CLINIC	0	0	0	0	0
194.05	07955	MAHOMET SPECIALTY CLINIC	0	445	0	0	0
194.06	07956	LASER CLINIC	0	0	0	0	0
194.07	07957	PAIN CLINIC	0	0	0	0	0
194.08	07958	340B PHARMACY	0	0	0	0	0
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0
194.10	07960	WIC	0	0	0	0	0
194.11	07961	PULMONARY CLINIC	0	0	0	0	0
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	584	0	0	0
194.13	07963	PODIATRY	0	0	0	0	0
194.14	07964	9TH STREET CLINIC	0	0	0	0	0
194.15	07965	ORTHO CLINIC	0	477	0	0	0
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0
194.17	07967	ELITE PERFORMANCE	0	2,308	0	0	0
194.18	07968	GAFM	0	0	0	0	0
194.19	07969	GAPC	0	0	0	0	0
194.20	07970	FHCF	0	0	0	0	0
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	42,878	26,860	41,734	25,359	15,311

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-1317		Period: From 10/01/2016 To 09/30/2017		Worksheet B Part II Date/Time Prepared: 2/21/2018 7:50 am	
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			14.00	15.00	16.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00591	ALL OTHER ADMIN & GENERAL						5.02
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,068					14.00
15.00	01500	PHARMACY	14	31,006				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1	0	23,363			16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	47	16	3,443	395,861	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	85	15,995	0	31.00
43.00	04300	NURSERY	0	0	165	28,998	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	77	15,248	0	44.00
46.00	04600	OTHER LONG TERM CARE	15	3	0	288,703	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	139	129	3,014	410,598	0	50.00
51.00	05100	RECOVERY ROOM	4	0	0	33,899	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	65,637	0	52.00
53.00	05300	ANESTHESIOLOGY	6	51	0	31,051	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7	43	7,402	801,449	0	54.00
56.00	05600	RADIOISOTOPE	0	1	0	8,575	0	56.00
60.00	06000	LABORATORY	21	1	3,860	135,442	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,217	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1	33	39,205	0	65.00
66.00	06600	PHYSICAL THERAPY	2	7	347	100,666	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,741	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,013	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	5,073	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,400	0	0	25,098	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,281	1,287	0	68,142	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	28,248	0	58,802	0	73.00
73.01	07301	CARDIAC REHAB	0	1	14	20,765	0	73.01
73.02	07302	WOUND CARE	2	16	94	24,827	0	73.02
73.03	07303	SLEEP LAB	0	0	36	21,888	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	1,140	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	48	569	0	589,683	0	88.00
90.00	09000	CLINIC	5	1	226	41,760	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	120	12,563	0	90.01
91.00	09100	EMERGENCY	25	6	4,328	163,263	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00

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ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317			Period: From 10/01/2016 To 09/30/2017		Worksheet B Part II Date/Time Prepared: 2/21/2018 7:50 am	
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		14.00	15.00	16.00	24.00	25.00		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	5	51	0	193,645	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,022	30,431	23,244	3,604,947	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	4,130	0	190.00
192.01	19201	GAH - MSO	0	0	0	2,553	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	7,589	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	7,641	0	194.00
194.01	07951	PHYSICIAN OFFICE	1	0	0	66,024	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	69	0	24,697	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	19,414	0	194.03
194.04	07954	PSYCH CLINIC	1	4	0	22,422	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	7	56	0	47,690	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	2,572	0	194.07
194.08	07958	340B PHARMACY	0	0	0	7,516	0	194.08
194.09	07959	GAH CARDIOLOGY	0	4	0	11,929	0	194.09
194.10	07960	WIC	0	0	0	2,850	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	378	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	17	0	16,704	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	31	311	119	145,271	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	2	0	0	25,581	0	194.17
194.18	07968	GAFM	1	32	0	5,208	0	194.18
194.19	07969	GAPC	1	42	0	11,213	0	194.19
194.20	07970	FHCF	0	21	0	1,449	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	2	19	0	14,086	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	58	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	698	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	12,650	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	247	0	194.25
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,068	31,006	23,363	4,065,517	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	OB UNIT - BLDG & FIXT	1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI	1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC	1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC	1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	1.15
1.16	00116	B&F - AMBULANCE BUILDING	1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	1.22
1.25	00125	B&F - HARMS HOUSE/IT	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	5.02
7.00	00700	OPERATION OF PLANT	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
46.00	04600	OTHER LONG TERM CARE	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	05600	RADIOISOTOPE	56.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
73.01	07301	CARDIAC REHAB	73.01
73.02	07302	WOUND CARE	73.02
73.03	07303	SLEEP LAB	73.03
73.04	03950	DIETARY EDUCATION	73.04
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
90.00	09000	CLINIC	90.00
90.01	09001	GERI PSYCH CLINIC	90.01
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00

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Cost Center Description		Total	
		26.00	
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,130	190.00
192.01	19201 GAH - MSO	2,553	192.01
192.02	19202 GAH FOUNDATION	7,589	192.02
194.00	07950 FALCON POINT RENTAL	7,641	194.00
194.01	07951 PHYSICIAN OFFICE	66,024	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	24,697	194.02
194.03	07953 WELLNESS CENTER	19,414	194.03
194.04	07954 PSYCH CLINIC	22,422	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	47,690	194.05
194.06	07956 LASER CLINIC	0	194.06
194.07	07957 PAIN CLINIC	2,572	194.07
194.08	07958 340B PHARMACY	7,516	194.08
194.09	07959 GAH CARDIOLOGY	11,929	194.09
194.10	07960 WIC	2,850	194.10
194.11	07961 PULMONARY CLINIC	378	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	16,704	194.12
194.13	07963 PODIATRY	0	194.13
194.14	07964 9TH STREET CLINIC	0	194.14
194.15	07965 ORTHO CLINIC	145,271	194.15
194.16	07966 GA MEDICAL CLINIC	0	194.16
194.17	07967 ELITE PERFORMANCE	25,581	194.17
194.18	07968 GAFM	5,208	194.18
194.19	07969 GAPC	11,213	194.19
194.20	07970 FHCF	1,449	194.20
194.21	07971 FAMILY H.C. FAIRBURY	14,086	194.21
194.22	07972 GIBSON HEALTH OF WATSEKA	58	194.22
194.23	07973 WEEKEND CLINIC AT GAH	698	194.23
194.24	07974 #3 CLINIC (DR. DELOST)	12,650	194.24
194.25	07975 GIBSON HEALTH OF MAHOMET	247	194.25
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	4,065,517	202.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet B-1 Date/Time Prepared: 2/21/2018 7:50 am
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Cost Center Description		CAPITAL RELATED COSTS								
		BLDG & FIXT (SQUARE FEET)	OB UNIT - BLDG & FIXT (SQUARE FEET)	B&F - FARMER CITY RURAL HEALTH CLINI (SQUARE FEET)	B&F - HOOPESTON RURAL HEALTH CLINIC (SQUARE FEET)	B&F - FORREST RURAL HEALTH CLINIC (SQUARE FEET)				
		1.00	1.01	1.04	1.05	1.07				
GENERAL SERVICE COST CENTERS										
1.00	00100	CAP REL COSTS-BLDG & FIXT	98,613							
1.01	00101	OB UNIT - BLDG & FIXT	0	9,846						
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI	0	0	2,160					
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	4,721				
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	0	3,284			
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	0	0			
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	0	0			
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	0	0			
1.12	00112	B&F - PAXTON WELLNESS CENTER	0	0	0	0	0			
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	0	0	0	0			
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	0			
1.16	00116	B&F - AMBULANCE BUILDING	0	0	0	0	0			
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	0	0	0	0			
1.18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	0			
1.19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	0			
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	0			
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	0			
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	0			
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0			
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0			
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0			
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0			
2.00	00200	CAP REL COSTS-MVBLE EQUIP								
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	977	0	0	0	0			
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	547	0	0	0	0			
5.02	00591	ALL OTHER ADMIN & GENERAL	23,453	308	0	0	0			
7.00	00700	OPERATION OF PLANT	10,651	0	0	0	0			
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0			
8.00	00800	LAUNDRY & LINEN SERVICE	1,977	0	0	0	0			
9.00	00900	HOUSEKEEPING	541	81	0	0	0			
10.00	01000	DIETARY	2,152	0	0	0	0			
11.00	01100	CAFETERIA	1,056	0	0	0	0			
13.00	01300	NURSING ADMINISTRATION	137	0	0	0	0			
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0			
15.00	01500	PHARMACY	1,071	0	0	0	0			
16.00	01600	MEDICAL RECORDS & LIBRARY	1,036	0	0	0	0			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	4,159	6,415	0	0	0			
31.00	03100	INTENSIVE CARE UNIT	887	0	0	0	0			
43.00	04300	NURSERY	0	617	0	0	0			
44.00	04400	SKILLED NURSING FACILITY	639	0	0	0	0			
46.00	04600	OTHER LONG TERM CARE	12,052	0	0	0	0			
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	13,574	441	0	0	0			
51.00	05100	RECOVERY ROOM	1,542	0	0	0	0			
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,922	0	0	0			
53.00	05300	ANESTHESIOLOGY	89	62	0	0	0			
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,456	0	0	0	0			
56.00	05600	RADIOISOTOPE	325	0	0	0	0			
60.00	06000	LABORATORY	1,916	0	0	0	0			
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0			
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0			
65.00	06500	RESPIRATORY THERAPY	1,100	0	0	0	0			
66.00	06600	PHYSICAL THERAPY	339	0	0	0	0			
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0			
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0			
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0			
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0			
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0			
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0			
73.01	07301	CARDIAC REHAB	821	0	0	0	0			
73.02	07302	WOUND CARE	1,151	0	0	0	0			
73.03	07303	SLEEP LAB	717	0	0	0	0			
73.04	03950	DIETARY EDUCATION	0	0	0	0	0			
OUTPATIENT SERVICE COST CENTERS										
88.00	08800	RURAL HEALTH CLINIC	146	0	2,160	4,721	3,284			
90.00	09000	CLINIC	2,287	0	0	0	0			
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0			

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/21/2018 7:50 am

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	OB UNIT - BLDG & FIXT (SQUARE FEET)	B&F - FARMER CITY RURAL HEALTH CLINI (SQUARE FEET)	B&F - HOOPESTON RURAL HEALTH CLINIC (SQUARE FEET)	B&F - FORREST RURAL HEALTH CLINIC (SQUARE FEET)		
		1.00	1.01	1.04	1.05	1.07		
91.00	09100	EMERGENCY	5,310	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	95.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	98,108	9,846	2,160	4,721	3,284	118.00
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	284	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	221	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
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)	1,183,201	290,186	16,875	84,978	14,497	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.998428	29.472476	7.812500	18.000000	4.414434	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1
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Cost Center Description		CAPITAL RELATED COSTS					
		B&F - PAXTON RURAL HEALTH CLINIC (SQUARE FEET) 1.09	B&F - MAHOMET SPECIALTY CLINIC (SQUARE FEET) 1.10	B&F - POTOMAC RURAL HEALTH CLINIC (SQUARE FEET) 1.11	B&F - PAXTON WELLNESS CENTER (SQUARE FEET) 1.12	B&F - PAXTON AMBULANCE STATION (SQUARE FEET) 1.14	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	28,574				1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	0	2,130			1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	4,692		1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	0	0	0	7,000	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	0	0	0	4,500
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	0
1.16	00116	B&F - AMBULANCE BUILDING	0	0	0	0	0
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	0	0	0	0
1.18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	0
1.19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	0
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	0
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	0
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	0
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	0	0	0	0	0
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	0	0	0	0	0
10.00	01000	DIETARY	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	CARDIAC REHAB	0	0	0	0	0
73.02	07302	WOUND CARE	0	0	0	0	0
73.03	07303	SLEEP LAB	0	0	0	0	0
73.04	03950	DIETARY EDUCATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	28,574	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	0

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/21/2018 7:50 am

Cost Center Description		CAPITAL RELATED COSTS						
		B&F - PAXTON RURAL HEALTH CLINIC (SQUARE FEET)	B&F - MAHOMET SPECIALTY CLINIC (SQUARE FEET)	B&F - POTOMAC RURAL HEALTH CLINIC (SQUARE FEET)	B&F - PAXTON WELLNESS CENTER (SQUARE FEET)	B&F - PAXTON AMBULANCE STATION (SQUARE FEET)		
		1.09	1.10	1.11	1.12	1.14		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES SPECIAL PURPOSE COST CENTERS	0	0	0	0	3,000	95.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	28,574	0	0	0	3,000	118.00
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	7,000	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	2,130	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	4,692	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	1,500	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
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)	165,034	32,153	11,744	15,844	7,157	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.775670	15.095305	2.502984	2.263429	1.590444	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet B-1 Date/Time Prepared: 2/21/2018 7:50 am
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Cost Center Description	CAPITAL RELATED COSTS					
	B&F - AMBULANCE STAFF RESIDENCE (SQUARE FEET)	B&F - AMBULANCE BUILDING (SQUARE FEET)	B&F - # 10 DOCTOR'S PARK (SQUARE FEET)	B&F - COSMETOLOGY OFFICE (SQUARE FEET)	B&F - ANESTHESIA HOUSE (SQUARE FEET)	
	1.15	1.16	1.17	1.18	1.19	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	OB UNIT - BLDG & FIXT					1.01
1.04 00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04
1.05 00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07 00107	B&F - FORREST RURAL HEALTH CLINIC					1.07
1.09 00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09
1.10 00110	B&F - MAHOMET SPECIALTY CLINIC					1.10
1.11 00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11
1.12 00112	B&F - PAXTON WELLNESS CENTER					1.12
1.14 00114	B&F - PAXTON AMBULANCE STATION					1.14
1.15 00115	B&F - AMBULANCE STAFF RESIDENCE	2,346				1.15
1.16 00116	B&F - AMBULANCE BUILDING	0	3,228			1.16
1.17 00117	B&F - # 10 DOCTOR'S PARK	0	0	14,140		1.17
1.18 00118	B&F - COSMETOLOGY OFFICE	0	0	0	1,554	1.18
1.19 00119	B&F - ANESTHESIA HOUSE	0	0	0	0	1.19
1.20 00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	1.20
1.21 00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	1.21
1.22 00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	1.22
1.25 00125	B&F - HARMS HOUSE/IT	0	0	0	0	1.25
1.26 00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	1.26
1.27 00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	1.27
1.28 00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	1.28
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.01
5.02 00591	ALL OTHER ADMIN & GENERAL	0	0	3,080	0	5.02
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
7.01 00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	0	13	0	9.00
10.00 01000	DIETARY	0	0	0	0	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
43.00 04300	NURSERY	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,590	54.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
60.00 06000	LABORATORY	0	0	0	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	8,765	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01 07301	CARDIAC REHAB	0	0	0	0	73.01
73.02 07302	WOUND CARE	0	0	0	0	73.02
73.03 07303	SLEEP LAB	0	0	0	0	73.03
73.04 03950	DIETARY EDUCATION	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	GERI PSYCH CLINIC	0	0	0	0	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/21/2018 7:50 am

Cost Center Description		CAPITAL RELATED COSTS						
		B&F - AMBULANCE STAFF RESIDENCE (SQUARE FEET)	B&F - AMBULANCE BUILDING (SQUARE FEET)	B&F - # 10 DOCTOR'S PARK (SQUARE FEET)	B&F - COSMETOLOGY OFFICE (SQUARE FEET)	B&F - ANESTHESIA HOUSE (SQUARE FEET)		
		1.15	1.16	1.17	1.18	1.19		
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,346	3,228	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,346	3,228	11,858	0	1,974	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	1,554	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	2,282	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
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)	4,065	20,775	79,527	6,836	3,554	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.732737	6.435874	5.624257	4.398970	1.800405	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1
Date/Time Prepared:
2/21/2018 7:50 am

Cost Center Description		CAPITAL RELATED COSTS					
		B&F - #7 DOCTOR' S PARK (SQUARE FEET)	B&F - #4 DOCTOR' S PARK (SQUARE FEET)	B&F - #8 DOCTOR' S PARK (SQUARE FEET)	B&F - HARMS HOUSE/IT (SQUARE FEET)	B&F - 9TH ST. EDUCATION HOUSE (SQUARE FEET)	
		1. 20	1. 21	1. 22	1. 25	1. 26	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15
1.16	00116	B&F - AMBULANCE BUILDING					1.16
1.17	00117	B&F - # 10 DOCTOR' S PARK					1.17
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18
1.19	00119	B&F - ANESTHESIA HOUSE					1.19
1.20	00120	B&F - #7 DOCTOR' S PARK	4,032				1.20
1.21	00121	B&F - #4 DOCTOR' S PARK	0	4,032			1.21
1.22	00122	B&F - #8 DOCTOR' S PARK	0	0	5,760		1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	3,952	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	1,208
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	3,952	1,208
7.00	00700	OPERATION OF PLANT	0	0	0	0	0
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	0	0	0	0	0
10.00	01000	DIETARY	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	CARDIAC REHAB	0	0	0	0	0
73.02	07302	WOUND CARE	0	0	0	0	0
73.03	07303	SLEEP LAB	0	0	0	0	0
73.04	03950	DIETARY EDUCATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	4,032	0	5,760	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	GERI PSYCH CLINIC	0	4,032	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	0

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/21/2018 7:50 am

Cost Center Description		CAPITAL RELATED COSTS						
		B&F - #7 DOCTOR'S PARK (SQUARE FEET)	B&F - #4 DOCTOR'S PARK (SQUARE FEET)	B&F - #8 DOCTOR'S PARK (SQUARE FEET)	B&F - HARMS HOUSE/IT (SQUARE FEET)	B&F - 9TH ST. EDUCATION HOUSE (SQUARE FEET)		
		1.20	1.21	1.22	1.25	1.26		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	95.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	4,032	4,032	5,760	3,952	1,208	118.00
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
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)	11,621	1,470	9,734	31,454	15,293	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.882192	0.364583	1.689931	7.959008	12.659768	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/21/2018 7:50 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
	B&F - FALCON POINT RESIDENCE (SQUARE FEET)	B&F - 2012 NEW STORAGE SHED (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
	1.27	1.28	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	OB UNIT - BLDG & FIXT					1.01
1.04 00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04
1.05 00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07 00107	B&F - FORREST RURAL HEALTH CLINIC					1.07
1.09 00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09
1.10 00110	B&F - MAHOMET SPECIALTY CLINIC					1.10
1.11 00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11
1.12 00112	B&F - PAXTON WELLNESS CENTER					1.12
1.14 00114	B&F - PAXTON AMBULANCE STATION					1.14
1.15 00115	B&F - AMBULANCE STAFF RESIDENCE					1.15
1.16 00116	B&F - AMBULANCE BUILDING					1.16
1.17 00117	B&F - # 10 DOCTOR'S PARK					1.17
1.18 00118	B&F - COSMETOLOGY OFFICE					1.18
1.19 00119	B&F - ANESTHESIA HOUSE					1.19
1.20 00120	B&F - #7 DOCTOR'S PARK					1.20
1.21 00121	B&F - #4 DOCTOR'S PARK					1.21
1.22 00122	B&F - #8 DOCTOR'S PARK					1.22
1.25 00125	B&F - HARMS HOUSE/IT					1.25
1.26 00126	B&F - 9TH ST. EDUCATION HOUSE					1.26
1.27 00127	B&F - FALCON POINT RESIDENCE	1,928				1.27
1.28 00128	B&F - 2012 NEW STORAGE SHED	0	4,224			1.28
2.00 00200	CAP REL COSTS-MVBLE EQUIP			1,708,977		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	31,268,891	4.00
5.01 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	407	1,817,923	5.01
5.02 00591	ALL OTHER ADMIN & GENERAL	0	4,224	620,997	4,383,979	5.02
7.00 00700	OPERATION OF PLANT	0	0	1,922	505,455	7.00
7.01 00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	96,591	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	8,526	224,509	8.00
9.00 00900	HOUSEKEEPING	0	0	0	405,549	9.00
10.00 01000	DIETARY	0	0	1,438	224,637	10.00
11.00 01100	CAFETERIA	0	0	0	293,552	11.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	538,139	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	0	0	577,384	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	53	292,911	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	29,379	2,600,621	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	1,213	19,002	31.00
43.00 04300	NURSERY	0	0	0	304,320	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	80,201	44.00
46.00 04600	OTHER LONG TERM CARE	0	0	20,281	1,586,101	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	106,070	1,935,863	50.00
51.00 05100	RECOVERY ROOM	0	0	308	382,560	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	113,499	52.00
53.00 05300	ANESTHESIOLOGY	0	0	15,739	66,623	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	514,996	1,658,977	54.00
56.00 05600	RADIOISOTOPE	0	0	0	86,919	56.00
60.00 06000	LABORATORY	0	0	50,072	971,288	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	8,859	406,034	65.00
66.00 06600	PHYSICAL THERAPY	0	0	987	1,430,683	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	191,467	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	396	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	3,617	22,391	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01 07301	CARDIAC REHAB	0	0	5,374	78,696	73.01
73.02 07302	WOUND CARE	0	0	0	231,986	73.02
73.03 07303	SLEEP LAB	0	0	5,447	86,252	73.03
73.04 03950	DIETARY EDUCATION	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	61,864	2,938,494	88.00
90.00 09000	CLINIC	0	0	1,748	196,480	90.00
90.01 09001	GERI PSYCH CLINIC	0	0	0	243,067	90.01

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1
Date/Time Prepared:
2/21/2018 7:50 am

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
			B&F - FALCON POINT RESIDENCE (SQUARE FEET)	B&F - 2012 NEW STORAGE SHED (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
			1.27	1.28	2.00	4.00	5A.01	
91.00	09100	EMERGENCY	0	0	30,026	1,303,679	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	97,071	1,865,812	-3,034,674	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,224	1,586,394	28,162,040	-44,528,921	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	-3,408	190.00
192.01	19201	GAH - MSO	0	0	0	19,347	-168,782	192.01
192.02	19202	GAH FOUNDATION	0	0	0	67,612	-291,006	192.02
194.00	07950	FALCON POINT RENTAL	1,928	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	43,373	90,291	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	149,263	-1,148,240	194.02
194.03	07953	WELLNESS CENTER	0	0	0	127,760	-206,419	194.03
194.04	07954	PSYCH CLINIC	0	0	0	456,962	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	107,333	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	40	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	-498,249	194.08
194.09	07959	GAH CARDIOLOGY	0	0	5,630	116,608	0	194.09
194.10	07960	WIC	0	0	0	127,623	-185,756	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	2,387	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	61,897	0	194.12
194.13	07963	PODIATRY	0	0	0	0	5,400	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	65,249	396,528	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	855,381	-1,314,786	194.17
194.18	07968	GAFM	0	0	0	87,335	0	194.18
194.19	07969	GAPC	0	0	0	136,436	0	194.19
194.20	07970	FHCF	0	0	0	39,098	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	468	189,807	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	1,934	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	19,696	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	7,863	43,813	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	9,700	0	194.25
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)	7,301	12,878	2,039,340	12,172,927		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.786826	3.048769	1.193310	0.389298		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				11,722		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000375		205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet B-1 Date/Time Prepared: 2/21/2018 7:50 am			
Cost Center	Description	CASHIERING/AC COUNTS RECEIVABLE (ACCUM. COST)	Reconciliation n	ALL OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT-OUTSIDE PROPERTY (SQUARE FEET)	
		5.01	5A.02	5.02	7.00	7.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15
1.16	00116	B&F - AMBULANCE BUILDING					1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK					1.17
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18
1.19	00119	B&F - ANESTHESIA HOUSE					1.19
1.20	00120	B&F - #7 DOCTOR'S PARK					1.20
1.21	00121	B&F - #4 DOCTOR'S PARK					1.21
1.22	00122	B&F - #8 DOCTOR'S PARK					1.22
1.25	00125	B&F - HARMS HOUSE/IT					1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE					1.26
1.27	00127	B&F - FALCON POINT RESIDENCE					1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED					1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	40,032,538				5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	-14,740,043	73,638,062		5.02
7.00	00700	OPERATION OF PLANT	0	0	1,723,185	72,523	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	449,043	0	116,974
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	307,543	1,977	0
9.00	00900	HOUSEKEEPING	0	0	665,014	622	13
10.00	01000	DIETARY	0	0	517,998	2,152	0
11.00	01100	CAFETERIA	0	0	551,578	1,056	0
13.00	01300	NURSING ADMINISTRATION	0	0	836,597	137	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	269,691	0	0
15.00	01500	PHARMACY	0	0	980,150	1,071	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	550,886	1,036	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,172,893	0	4,568,849	10,574	0
31.00	03100	INTENSIVE CARE UNIT	44,091	0	48,275	887	0
43.00	04300	NURSERY	482,827	0	528,641	617	0
44.00	04400	SKILLED NURSING FACILITY	0	0	128,331	639	0
46.00	04600	OTHER LONG TERM CARE	0	0	2,555,132	12,052	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,625,300	0	3,969,290	14,015	0
51.00	05100	RECOVERY ROOM	572,477	0	626,797	1,542	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	229,939	0	251,757	1,922	0
53.00	05300	ANESTHESIOLOGY	301,910	0	330,557	151	1,590
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,007,635	0	4,387,903	7,456	0
56.00	05600	RADIOISOTOPE	210,265	0	230,216	325	0
60.00	06000	LABORATORY	2,494,020	0	2,730,668	1,916	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	72,829	0	79,739	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	675,189	0	739,255	1,100	0
66.00	06600	PHYSICAL THERAPY	2,250,327	0	2,463,852	339	8,765
67.00	06700	OCCUPATIONAL THERAPY	267,140	0	292,488	0	0
68.00	06800	SPEECH PATHOLOGY	60,518	0	66,260	0	0
69.00	06900	ELECTROCARDIOLOGY	42,208	0	46,213	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,418,217	0	1,552,786	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,864,539	0	4,231,230	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,828,572	0	2,002,078	0	0
73.01	07301	CARDIAC REHAB	127,901	0	140,037	821	0
73.02	07302	WOUND CARE	445,462	0	487,730	1,151	0
73.03	07303	SLEEP LAB	282,015	0	308,774	717	0
73.04	03950	DIETARY EDUCATION	68,230	0	74,704	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	13,420,521	146	58,035
90.00	09000	CLINIC	344,833	0	377,553	2,287	0
90.01	09001	GERI PSYCH CLINIC	586,755	0	642,430	0	4,032
91.00	09100	EMERGENCY	2,471,448	0	2,705,954	5,310	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CASHIERING/AC COUNTS RECEIVABLE (ACCUM. COST)	Reconciliation	ALL OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT-OUTSIDE PROPERTY (SQUARE FEET)	
		5.01	5A.02	5.02	7.00	7.01	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	3,034,674	0	8,574	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	30,947,540	-14,740,043	59,874,379	72,018	81,009	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	3,408	284	0	190.00
192.01	19201 GAH - MSO	0	0	168,782	0	0	192.01
192.02	19202 GAH FOUNDATION	0	0	291,006	221	0	192.02
194.00	07950 FALCON POINT RENTAL	7,301	0	7,994	0	3,751	194.00
194.01	07951 PHYSICIAN OFFICE	819,564	0	897,329	0	2,016	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	0	0	1,148,240	0	1,554	194.02
194.03	07953 WELLNESS CENTER	0	0	206,419	0	7,000	194.03
194.04	07954 PSYCH CLINIC	1,331,339	0	1,457,664	0	0	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	889,576	0	973,984	0	2,130	194.05
194.06	07956 LASER CLINIC	0	0	0	0	0	194.06
194.07	07957 PAIN CLINIC	153,882	0	168,483	0	0	194.07
194.08	07958 340B PHARMACY	0	0	498,249	0	0	194.08
194.09	07959 GAH CARDIOLOGY	308,943	0	338,257	0	0	194.09
194.10	07960 WIC	0	0	185,756	0	0	194.10
194.11	07961 PULMONARY CLINIC	22,554	0	24,694	0	0	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	243,143	0	266,214	0	4,692	194.12
194.13	07963 PODIATRY	0	5,400	0	0	0	194.13
194.14	07964 9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965 ORTHO CLINIC	3,193,072	0	3,496,050	0	2,282	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967 ELITE PERFORMANCE	0	0	1,314,786	0	12,540	194.17
194.18	07968 GAFM	307,748	0	336,949	0	0	194.18
194.19	07969 GAPC	665,469	0	728,613	0	0	194.19
194.20	07970 FHCF	84,555	0	92,578	0	0	194.20
194.21	07971 FAMILY H.C. FAIRBURY	804,108	0	880,407	0	0	194.21
194.22	07972 GIBSON HEALTH OF WATSEKA	3,364	0	3,683	0	0	194.22
194.23	07973 WEEKEND CLINIC AT GAH	41,335	0	45,257	0	0	194.23
194.24	07974 #3 CLINIC (DR. DELOST)	194,505	0	212,961	0	0	194.24
194.25	07975 GIBSON HEALTH OF MAHOMET	14,540	0	15,920	0	0	194.25
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,798,535		14,740,043	2,068,113	538,927	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.094886		0.200169	28.516650	4.607238	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	7,731		1,110,799	156,273	6,810	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000193		0.015085	2.154806	0.058218	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet B-1 Date/Time Prepared: 2/21/2018 7:50 am
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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING)		
		8.00	9.00	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	OB UNIT - BLDG & FIXT					1.01	
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI					1.04	
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05	
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07	
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09	
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10	
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11	
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12	
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14	
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15	
1.16	00116	B&F - AMBULANCE BUILDING					1.16	
1.17	00117	B&F - # 10 DOCTOR'S PARK					1.17	
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18	
1.19	00119	B&F - ANESTHESIA HOUSE					1.19	
1.20	00120	B&F - #7 DOCTOR'S PARK					1.20	
1.21	00121	B&F - #4 DOCTOR'S PARK					1.21	
1.22	00122	B&F - #8 DOCTOR'S PARK					1.22	
1.25	00125	B&F - HARMS HOUSE/IT					1.25	
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE					1.26	
1.27	00127	B&F - FALCON POINT RESIDENCE					1.27	
1.28	00128	B&F - 2012 NEW STORAGE SHED					1.28	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.01	
5.02	00591	ALL OTHER ADMIN & GENERAL					5.02	
7.00	00700	OPERATION OF PLANT					7.00	
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY					7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	377,084				8.00	
9.00	00900	HOUSEKEEPING	56,140	128,503			9.00	
10.00	01000	DIETARY	10,657	2,152	46,005		10.00	
11.00	01100	CAFETERIA	15,497	1,056	0	26,945	11.00	
13.00	01300	NURSING ADMINISTRATION	0	137	0	554	336,133	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	1,071	0	645	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,036	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	72,562	10,574	7,452	4,033	83,892	30.00
31.00	03100	INTENSIVE CARE UNIT	0	887	33	503	10,468	31.00
43.00	04300	NURSERY	1,702	617	0	430	8,950	43.00
44.00	04400	SKILLED NURSING FACILITY	17,843	639	1,854	167	3,482	44.00
46.00	04600	OTHER LONG TERM CARE	112,025	12,052	36,666	3,310	68,858	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,921	14,015	0	3,488	72,551	50.00
51.00	05100	RECOVERY ROOM	0	1,542	0	885	18,418	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,276	1,922	0	160	3,338	52.00
53.00	05300	ANESTHESIOLOGY	0	1,741	0	641	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,433	7,456	0	3,572	0	54.00
56.00	05600	RADIOISOTOPE	0	325	0	382	0	56.00
60.00	06000	LABORATORY	0	1,916	0	2,395	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,100	0	724	15,066	65.00
66.00	06600	PHYSICAL THERAPY	20,151	9,104	0	2,334	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	218	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	47	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	821	0	200	4,167	73.01
73.02	07302	WOUND CARE	0	1,151	0	346	7,206	73.02
73.03	07303	SLEEP LAB	0	717	0	164	3,420	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	16,950	0	0	0	88.00
90.00	09000	CLINIC	0	2,287	0	403	8,374	90.00
90.01	09001	GERI PSYCH CLINIC	0	4,032	0	0	0	90.01
91.00	09100	EMERGENCY	21,877	5,310	0	1,343	27,943	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING)	
		8.00	9.00	10.00	11.00	13.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	5,574	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	377,084	106,184	46,005	26,945	336,133	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	284	0	0	0	190.00
192.01	19201 GAH - MSO	0	0	0	0	0	192.01
192.02	19202 GAH FOUNDATION	0	221	0	0	0	192.02
194.00	07950 FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951 PHYSICIAN OFFICE	0	2,016	0	0	0	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	0	1,554	0	0	0	194.02
194.03	07953 WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954 PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	0	2,130	0	0	0	194.05
194.06	07956 LASER CLINIC	0	0	0	0	0	194.06
194.07	07957 PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958 340B PHARMACY	0	0	0	0	0	194.08
194.09	07959 GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960 WIC	0	0	0	0	0	194.10
194.11	07961 PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	0	2,792	0	0	0	194.12
194.13	07963 PODIATRY	0	0	0	0	0	194.13
194.14	07964 9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965 ORTHO CLINIC	0	2,282	0	0	0	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967 ELITE PERFORMANCE	0	11,040	0	0	0	194.17
194.18	07968 GAFM	0	0	0	0	0	194.18
194.19	07969 GAPC	0	0	0	0	0	194.19
194.20	07970 FHCF	0	0	0	0	0	194.20
194.21	07971 FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972 GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973 WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974 #3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975 GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
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)	425,481	879,271	709,803	716,813	1,023,640	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.128345	6.842416	15.428823	26.602821	3.045342	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	42,878	26,860	41,734	25,359	15,311	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.113709	0.209022	0.907162	0.941139	0.045550	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1
Date/Time Prepared:
2/21/2018 7:50 am

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
1.04	00104				1.04
1.05	00105				1.05
1.07	00107				1.07
1.09	00109				1.09
1.10	00110				1.10
1.11	00111				1.11
1.12	00112				1.12
1.14	00114				1.14
1.15	00115				1.15
1.16	00116				1.16
1.17	00117				1.17
1.18	00118				1.18
1.19	00119				1.19
1.20	00120				1.20
1.21	00121				1.21
1.22	00122				1.22
1.25	00125				1.25
1.26	00126				1.26
1.27	00127				1.27
1.28	00128				1.28
2.00	00200				2.00
4.00	00400				4.00
5.01	00580				5.01
5.02	00591				5.02
7.00	00700				7.00
7.01	00701				7.01
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400	6,995,703			14.00
15.00	01500	23,484	2,007,012		15.00
16.00	01600	1,631	0	121,692	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	80,588	1,060	17,935	30.00
31.00	03100	0	5	445	31.00
43.00	04300	0	0	860	43.00
44.00	04400	0	0	401	44.00
46.00	04600	26,075	181	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	238,940	8,336	15,700	50.00
51.00	05100	7,201	0	0	51.00
52.00	05200	0	0	0	52.00
53.00	05300	9,770	3,296	0	53.00
54.00	05400	12,828	2,791	38,553	54.00
56.00	05600	642	51	0	56.00
60.00	06000	36,314	69	20,104	60.00
63.00	06300	0	0	0	63.00
64.00	06400	0	0	0	64.00
65.00	06500	672	64	170	65.00
66.00	06600	3,976	432	1,808	66.00
67.00	06700	3	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	0	0	0	69.00
71.00	07100	2,409,347	0	0	71.00
72.00	07200	3,915,946	83,307	0	72.00
73.00	07300	0	1,828,572	0	73.00
73.01	07301	482	79	74	73.01
73.02	07302	3,750	1,050	490	73.02
73.03	07303	166	0	189	73.03
73.04	03950	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	82,156	36,831	0	88.00
90.00	09000	9,060	38	1,178	90.00
90.01	09001	320	0	623	90.01
91.00	09100	42,721	382	22,542	91.00
92.00	09200				92.00

2/21/2018 7:50 am

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/21/2018 7:50 am

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		14.00	15.00	16.00	
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	8,032	3,294	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	6,914,104	1,969,838	121,072	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.01	19201 GAH - MSO	208	0	0	192.01
192.02	19202 GAH FOUNDATION	152	0	0	192.02
194.00	07950 FALCON POINT RENTAL	0	0	0	194.00
194.01	07951 PHYSICIAN OFFICE	1,512	9	0	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	672	4,447	0	194.02
194.03	07953 WELLNESS CENTER	826	0	0	194.03
194.04	07954 PSYCH CLINIC	1,101	240	0	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	11,800	3,627	0	194.05
194.06	07956 LASER CLINIC	0	0	0	194.06
194.07	07957 PAIN CLINIC	0	0	0	194.07
194.08	07958 340B PHARMACY	0	0	0	194.08
194.09	07959 GAH CARDIOLOGY	560	283	0	194.09
194.10	07960 WIC	233	0	0	194.10
194.11	07961 PULMONARY CLINIC	0	0	0	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	667	1,096	0	194.12
194.13	07963 PODIATRY	0	0	0	194.13
194.14	07964 9TH STREET CLINIC	0	0	0	194.14
194.15	07965 ORTHO CLINIC	52,958	20,103	620	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	0	194.16
194.17	07967 ELITE PERFORMANCE	3,294	0	0	194.17
194.18	07968 GAFM	1,377	2,095	0	194.18
194.19	07969 GAPC	1,173	2,728	0	194.19
194.20	07970 FHCF	616	1,340	0	194.20
194.21	07971 FAMILY H.C. FAIRBURY	3,873	1,206	0	194.21
194.22	07972 GIBSON HEALTH OF WATSEKA	0	0	0	194.22
194.23	07973 WEEKEND CLINIC AT GAH	566	0	0	194.23
194.24	07974 #3 CLINIC (DR. DELOST)	0	0	0	194.24
194.25	07975 GIBSON HEALTH OF MAHOMET	11	0	0	194.25
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)	323,675	1,232,461	697,863	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.046268	0.614078	5.734666	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,068	31,006	23,363	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000581	0.015449	0.191985	205.00

Provider CCN: 14-1317
 Period: From 10/01/2016 To 09/30/2017
 Worksheet B-2
 Date/Time Prepared: 2/21/2018 7:50 am

	Description	Worksheet		Amount	
		CODE	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	0	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00
7.00	IV THERAPY RECLASS		1 30.00	-147,889	7.00
8.00	IV THERAPY RECLASS		1 64.00	147,889	8.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet C
Part I
Date/Time Prepared:
2/21/2018 7:50 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Hospital		Total Costs
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	6,376,240		6,376,240	0	6,376,240
31.00	03100 INTENSIVE CARE UNIT	137,625		137,625	0	137,625
43.00	04300 NURSERY	701,823		701,823	0	701,823
44.00	04400 SKILLED NURSING FACILITY	242,698		242,698	0	242,698
46.00	04600 OTHER LONG TERM CARE	4,483,922		4,483,922	0	4,483,922
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	5,717,594		5,717,594	0	5,717,594
51.00	05100 RECOVERY ROOM	886,751		886,751	0	886,751
52.00	05200 DELIVERY ROOM & LABOR ROOM	387,100		387,100	0	387,100
53.00	05300 ANESTHESIOLOGY	439,797		439,797	0	439,797
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,862,313		5,862,313	0	5,862,313
56.00	05600 RADIO SOTOPE	298,013		298,013	0	298,013
60.00	06000 LABORATORY	3,525,737		3,525,737	0	3,525,737
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	95,700		95,700	0	95,700
64.00	06400 INTRAVENOUS THERAPY	147,889		147,889	0	147,889
65.00	06500 RESPIRATORY THERAPY	992,312	0	992,312	0	992,312
66.00	06600 PHYSICAL THERAPY	3,165,026	0	3,165,026	0	3,165,026
67.00	06700 OCCUPATIONAL THERAPY	356,834	0	356,834	0	356,834
68.00	06800 SPEECH PATHOLOGY	79,550	0	79,550	0	79,550
69.00	06900 ELECTROCARDIOLOGY	56,713		56,713	0	56,713
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,975,082		1,975,082	0	1,975,082
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	5,310,527		5,310,527	0	5,310,527
73.00	07300 DRUGS CHARGED TO PATIENTS	3,525,717		3,525,717	0	3,525,717
73.01	07301 CARDIAC REHAB	215,604		215,604	0	215,604
73.02	07302 WOUND CARE	660,836		660,836	0	660,836
73.03	07303 SLEEP LAB	411,803		411,803	0	411,803
73.04	03950 DIETARY EDUCATION	89,657		89,657	0	89,657
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	16,520,822		16,520,822	0	16,520,822
90.00	09000 CLINIC	577,414		577,414	0	577,414
90.01	09001 GERI PSYCH CLINIC	820,778		820,778	0	820,778
91.00	09100 EMERGENCY	3,712,350		3,712,350	0	3,712,350
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	645,499		645,499	0	645,499
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	3,722,159		3,722,159	0	3,722,159
200.00	Subtotal (see instructions)	72,141,885	0	72,141,885	0	72,141,885
201.00	Less Observation Beds	645,499		645,499	0	645,499
202.00	Total (see instructions)	71,496,386	0	71,496,386	0	71,496,386

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet C Part I Date/Time Prepared: 2/21/2018 7:50 am
		Title XVIII	Hospital	Cost

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,545,301		6,545,301	30.00
31.00	03100	INTENSIVE CARE UNIT	60,126		60,126	31.00
43.00	04300	NURSERY	805,248		805,248	43.00
44.00	04400	SKILLED NURSING FACILITY	173,141		173,141	44.00
46.00	04600	OTHER LONG TERM CARE	2,945,867		2,945,867	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,778,087	17,127,497	24,905,584	50.00
51.00	05100	RECOVERY ROOM	717,702	3,120,304	3,838,006	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,770,184	487,661	3,257,845	52.00
53.00	05300	ANESTHESIOLOGY	233,439	1,060,931	1,294,370	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,574,810	28,324,921	29,899,731	54.00
56.00	05600	RADIOISOTOPE	19,722	1,075,874	1,095,596	56.00
60.00	06000	LABORATORY	1,612,860	20,582,913	22,195,773	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	150,953	155,106	306,059	63.00
64.00	06400	INTRAVENOUS THERAPY	13,424	1,613,812	1,627,236	64.00
65.00	06500	RESPIRATORY THERAPY	2,870,369	1,077,848	3,948,217	65.00
66.00	06600	PHYSICAL THERAPY	1,452,593	7,000,247	8,452,840	66.00
67.00	06700	OCCUPATIONAL THERAPY	983,248	328,362	1,311,610	67.00
68.00	06800	SPEECH PATHOLOGY	34,882	107,054	141,936	68.00
69.00	06900	ELECTROCARDIOLOGY	71,337	1,155,741	1,227,078	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,770,451	4,321,622	7,092,073	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,543,327	2,663,767	15,207,094	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,664,128	10,696,330	16,360,458	73.00
73.01	07301	CARDIAC REHAB	0	317,112	317,112	73.01
73.02	07302	WOUND CARE	454	450,303	450,757	73.02
73.03	07303	SLEEP LAB	0	1,233,348	1,233,348	73.03
73.04	03950	DIETARY EDUCATION	77,996	31,975	109,971	73.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	13,937,367	13,937,367	88.00
90.00	09000	CLINIC	644	1,047,584	1,048,228	90.00
90.01	09001	GERI PSYCH CLINIC	0	504,516	504,516	90.01
91.00	09100	EMERGENCY	8,551	11,911,407	11,919,958	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,567	723,088	724,655	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	6,206,781	6,206,781	95.00
200.00		Subtotal (see instructions)	51,880,411	137,263,471	189,143,882	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	51,880,411	137,263,471	189,143,882	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet C Part I Date/Time Prepared: 2/21/2018 7:50 am
Cost Center Description		PPS Inpatient Ratio 11.00	Title XVIII	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	07301 CARDIAC REHAB	0.000000		73.01
73.02	07302 WOUND CARE	0.000000		73.02
73.03	07303 SLEEP LAB	0.000000		73.03
73.04	03950 DIETARY EDUCATION	0.000000		73.04
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 GERI PSYCH CLINIC	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet C
Part I
Date/Time Prepared:
2/21/2018 7:50 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	6,376,240		6,376,240	0	6,376,240 30.00
31.00	03100 INTENSIVE CARE UNIT	137,625		137,625	0	137,625 31.00
43.00	04300 NURSERY	701,823		701,823	0	701,823 43.00
44.00	04400 SKILLED NURSING FACILITY	242,698		242,698	0	242,698 44.00
46.00	04600 OTHER LONG TERM CARE	4,483,922		4,483,922	0	4,483,922 46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	5,717,594		5,717,594	0	5,717,594 50.00
51.00	05100 RECOVERY ROOM	886,751		886,751	0	886,751 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	387,100		387,100	0	387,100 52.00
53.00	05300 ANESTHESIOLOGY	439,797		439,797	0	439,797 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,862,313		5,862,313	0	5,862,313 54.00
56.00	05600 RADIO SOTOPE	298,013		298,013	0	298,013 56.00
60.00	06000 LABORATORY	3,525,737		3,525,737	0	3,525,737 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	95,700		95,700	0	95,700 63.00
64.00	06400 INTRAVENOUS THERAPY	147,889		147,889	0	147,889 64.00
65.00	06500 RESPIRATORY THERAPY	992,312	0	992,312	0	992,312 65.00
66.00	06600 PHYSICAL THERAPY	3,165,026	0	3,165,026	0	3,165,026 66.00
67.00	06700 OCCUPATIONAL THERAPY	356,834	0	356,834	0	356,834 67.00
68.00	06800 SPEECH PATHOLOGY	79,550	0	79,550	0	79,550 68.00
69.00	06900 ELECTROCARDIOLOGY	56,713		56,713	0	56,713 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,975,082		1,975,082	0	1,975,082 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	5,310,527		5,310,527	0	5,310,527 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,525,717		3,525,717	0	3,525,717 73.00
73.01	07301 CARDIAC REHAB	215,604		215,604	0	215,604 73.01
73.02	07302 WOUND CARE	660,836		660,836	0	660,836 73.02
73.03	07303 SLEEP LAB	411,803		411,803	0	411,803 73.03
73.04	03950 DIETARY EDUCATION	89,657		89,657	0	89,657 73.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	16,520,822		16,520,822	0	16,520,822 88.00
90.00	09000 CLINIC	577,414		577,414	0	577,414 90.00
90.01	09001 GERI PSYCH CLINIC	820,778		820,778	0	820,778 90.01
91.00	09100 EMERGENCY	3,712,350		3,712,350	0	3,712,350 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	645,499		645,499	0	645,499 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	3,722,159		3,722,159	0	3,722,159 95.00
200.00	Subtotal (see instructions)	72,141,885	0	72,141,885	0	72,141,885 200.00
201.00	Less Observation Beds	645,499		645,499	0	645,499 201.00
202.00	Total (see instructions)	71,496,386	0	71,496,386	0	71,496,386 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet C Part I Date/Time Prepared: 2/21/2018 7:50 am
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		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	6,545,301		6,545,301		30.00
31.00	03100	INTENSIVE CARE UNIT	60,126		60,126		31.00
43.00	04300	NURSERY	805,248		805,248		43.00
44.00	04400	SKILLED NURSING FACILITY	173,141		173,141		44.00
46.00	04600	OTHER LONG TERM CARE	2,945,867		2,945,867		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,778,087	17,127,497	24,905,584	0.229571	50.00
51.00	05100	RECOVERY ROOM	717,702	3,120,304	3,838,006	0.231045	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,770,184	487,661	3,257,845	0.118821	52.00
53.00	05300	ANESTHESIOLOGY	233,439	1,060,931	1,294,370	0.339777	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,574,810	28,324,921	29,899,731	0.196066	54.00
56.00	05600	RADIOISOTOPE	19,722	1,075,874	1,095,596	0.272010	56.00
60.00	06000	LABORATORY	1,612,860	20,582,913	22,195,773	0.158847	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	150,953	155,106	306,059	0.312685	63.00
64.00	06400	INTRAVENOUS THERAPY	13,424	1,613,812	1,627,236	0.090884	64.00
65.00	06500	RESPIRATORY THERAPY	2,870,369	1,077,848	3,948,217	0.251332	65.00
66.00	06600	PHYSICAL THERAPY	1,452,593	7,000,247	8,452,840	0.374433	66.00
67.00	06700	OCCUPATIONAL THERAPY	983,248	328,362	1,311,610	0.272058	67.00
68.00	06800	SPEECH PATHOLOGY	34,882	107,054	141,936	0.560464	68.00
69.00	06900	ELECTROCARDIOLOGY	71,337	1,155,741	1,227,078	0.046218	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,770,451	4,321,622	7,092,073	0.278491	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,543,327	2,663,767	15,207,094	0.349214	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,664,128	10,696,330	16,360,458	0.215502	73.00
73.01	07301	CARDIAC REHAB	0	317,112	317,112	0.679899	73.01
73.02	07302	WOUND CARE	454	450,303	450,757	1.466058	73.02
73.03	07303	SLEEP LAB	0	1,233,348	1,233,348	0.333890	73.03
73.04	03950	DIETARY EDUCATION	77,996	31,975	109,971	0.815279	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	13,937,367	13,937,367	1.185362	88.00
90.00	09000	CLINIC	644	1,047,584	1,048,228	0.550848	90.00
90.01	09001	GERI PSYCH CLINIC	0	504,516	504,516	1.626862	90.01
91.00	09100	EMERGENCY	8,551	11,911,407	11,919,958	0.311440	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,567	723,088	724,655	0.890767	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	6,206,781	6,206,781	0.599692	95.00
200.00		Subtotal (see instructions)	51,880,411	137,263,471	189,143,882		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	51,880,411	137,263,471	189,143,882		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet C Part I Date/Time Prepared: 2/21/2018 7:50 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
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	07301 CARDIAC REHAB	0.000000		73.01
73.02	07302 WOUND CARE	0.000000		73.02
73.03	07303 SLEEP LAB	0.000000		73.03
73.04	03950 DIETARY EDUCATION	0.000000		73.04
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 GERI PSYCH CLINIC	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part II Date/Time Prepared: 2/21/2018 7:50 am
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Cost Center Description		Capital Related Cost (from Wkst. C, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	410,598	24,905,584	0.016486	2,843,097	46,871	50.00
51.00	05100 RECOVERY ROOM	33,899	3,838,006	0.008832	254,411	2,247	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	65,637	3,257,845	0.020147	0	0	52.00
53.00	05300 ANESTHESIOLOGY	31,051	1,294,370	0.023989	71,861	1,724	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	801,449	29,899,731	0.026805	748,521	20,064	54.00
56.00	05600 RADIOISOTOPE	8,575	1,095,596	0.007827	13,454	105	56.00
60.00	06000 LABORATORY	135,442	22,195,773	0.006102	616,432	3,761	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,217	306,059	0.003976	76,076	302	63.00
64.00	06400 INTRAVENOUS THERAPY	0	1,627,236	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	39,205	3,948,217	0.009930	1,518,476	15,078	65.00
66.00	06600 PHYSICAL THERAPY	100,666	8,452,840	0.011909	305,805	3,642	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,741	1,311,610	0.003615	167,503	606	67.00
68.00	06800 SPEECH PATHOLOGY	1,013	141,936	0.007137	8,737	62	68.00
69.00	06900 ELECTROCARDIOLOGY	5,073	1,227,078	0.004134	32,902	136	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	25,098	7,092,073	0.003539	896,324	3,172	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	68,142	15,207,094	0.004481	5,074,940	22,741	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	58,802	16,360,458	0.003594	1,978,778	7,112	73.00
73.01	07301 CARDIAC REHAB	20,765	317,112	0.065482	0	0	73.01
73.02	07302 WOUND CARE	24,827	450,757	0.055078	0	0	73.02
73.03	07303 SLEEP LAB	21,888	1,233,348	0.017747	0	0	73.03
73.04	03950 DIETARY EDUCATION	1,140	109,971	0.010366	10,716	111	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	589,683	13,937,367	0.042309	0	0	88.00
90.00	09000 CLINIC	41,760	1,048,228	0.039839	0	0	90.00
90.01	09001 GERI PSYCH CLINIC	12,563	504,516	0.024901	0	0	90.01
91.00	09100 EMERGENCY	163,263	11,919,958	0.013697	4,703	64	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	40,075	724,655	0.055302	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	2,706,572	172,407,418		14,622,736	127,798	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet D
Part IV
Date/Time Prepared:
2/21/2018 7:50 am

Cost Center Description		Title XVIII			Hospital		Allied Health Cost	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/21/2018 7:50 am
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Cost Center Description		Title XVIII			Hospital	Cost	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
		All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	24,905,584	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	3,838,006	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,257,845	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,294,370	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	29,899,731	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	1,095,596	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	22,195,773	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	306,059	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,627,236	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,948,217	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,452,840	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,311,610	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	141,936	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,227,078	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,092,073	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,207,094	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	16,360,458	0.000000	73.00
73.01	07301	CARDIAC REHAB	0	0	0	317,112	0.000000	73.01
73.02	07302	WOUND CARE	0	0	0	450,757	0.000000	73.02
73.03	07303	SLEEP LAB	0	0	0	1,233,348	0.000000	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	109,971	0.000000	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	13,937,367	0.000000	88.00
90.00	09000	CLINIC	0	0	0	1,048,228	0.000000	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	504,516	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	11,919,958	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	724,655	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	172,407,418		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet D
Part IV
Date/Time Prepared:
2/21/2018 7:50 am

Cost Center Description		Title XVIII			Hospital		Cost
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	2,843,097	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	254,411	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	71,861	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	748,521	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0.000000	13,454	0	0	0	56.00
60.00	06000 LABORATORY	0.000000	616,432	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	76,076	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,518,476	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	305,805	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	167,503	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	8,737	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	32,902	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	896,324	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,074,940	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	1,978,778	0	0	0	73.00
73.01	07301 CARDIAC REHAB	0.000000	0	0	0	0	73.01
73.02	07302 WOUND CARE	0.000000	0	0	0	0	73.02
73.03	07303 SLEEP LAB	0.000000	0	0	0	0	73.03
73.04	03950 DIETARY EDUCATION	0.000000	10,716	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 GERI PSYCH CLINIC	0.000000	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.000000	4,703	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		14,622,736	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/21/2018 7:50 am
		Title XVIII	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.229571	0	4,964,896	0	0	50.00
51.00	05100 RECOVERY ROOM	0.231045	0	995,954	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.118821	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.339777	0	343,645	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.196066	0	8,355,297	24	0	54.00
56.00	05600 RADIOISOTOPE	0.272010	0	420,578	34	0	56.00
60.00	06000 LABORATORY	0.158847	0	6,582,574	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.312685	0	86,010	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.090884	0	471,306	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.251332	0	423,386	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.374433	0	1,862,710	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.272058	0	73,460	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.560464	0	11,359	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.046218	0	815,428	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.278491	0	1,087,966	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.349214	0	1,098,153	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.215502	0	4,022,692	1,142	0	73.00
73.01	07301 CARDIAC REHAB	0.679899	0	141,236	0	0	73.01
73.02	07302 WOUND CARE	1.466058	0	177,284	0	0	73.02
73.03	07303 SLEEP LAB	0.333890	0	0	0	0	73.03
73.04	03950 DIETARY EDUCATION	0.815279	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
90.00	09000 CLINIC	0.550848	0	517,648	0	0	90.00
90.01	09001 GERI PSYCH CLINIC	1.626862	0	325,693	0	0	90.01
91.00	09100 EMERGENCY	0.311440	0	3,073,979	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.890767	0	254,211	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.599692		0			95.00
200.00	Subtotal (see instructions)		0	36,105,465	1,200	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		0	36,105,465	1,200	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/21/2018 7:50 am
		Title XVIII	Hospital	Cost

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	1,139,796	0	50.00
51.00	05100 RECOVERY ROOM	230,110	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	116,763	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,638,190	5	54.00
56.00	05600 RADIOISOTOPE	114,401	9	56.00
60.00	06000 LABORATORY	1,045,622	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	26,894	0	63.00
64.00	06400 INTRAVENOUS THERAPY	42,834	0	64.00
65.00	06500 RESPIRATORY THERAPY	106,410	0	65.00
66.00	06600 PHYSICAL THERAPY	697,460	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	19,985	0	67.00
68.00	06800 SPEECH PATHOLOGY	6,366	0	68.00
69.00	06900 ELECTROCARDIOLOGY	37,687	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	302,989	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	383,490	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	866,898	246	73.00
73.01	07301 CARDIAC REHAB	96,026	0	73.01
73.02	07302 WOUND CARE	259,909	0	73.02
73.03	07303 SLEEP LAB	0	0	73.03
73.04	03950 DIETARY EDUCATION	0	0	73.04
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
90.00	09000 CLINIC	285,145	0	90.00
90.01	09001 GERI PSYCH CLINIC	529,858	0	90.01
91.00	09100 EMERGENCY	957,360	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	226,443	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0		95.00
200.00	Subtotal (see instructions)	9,130,636	260	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	9,130,636	260	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1317

Period: From 10/01/2016

Worksheet D

Component CCN: 14-Z317

To 09/30/2017

Part V
Date/Time Prepared:
2/21/2018 7:50 am

Title XVIII

Swing Beds - SNF

Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.229571	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.231045	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.118821	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.339777	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.196066	0	0	0	0	54.00
56.00 05600 RADIOISOTOPE	0.272010	0	0	0	0	56.00
60.00 06000 LABORATORY	0.158847	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.312685	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.090884	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.251332	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.374433	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.272058	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.560464	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.046218	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.278491	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.349214	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.215502	0	0	0	0	73.00
73.01 07301 CARDIAC REHAB	0.679899	0	0	0	0	73.01
73.02 07302 WOUND CARE	1.466058	0	0	0	0	73.02
73.03 07303 SLEEP LAB	0.333890	0	0	0	0	73.03
73.04 03950 DIETARY EDUCATION	0.815279	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000				0	88.00
90.00 09000 CLINIC	0.550848	0	0	0	0	90.00
90.01 09001 GERI PSYCH CLINIC	1.626862	0	0	0	0	90.01
91.00 09100 EMERGENCY	0.311440	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.890767	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.599692		0	0		95.00
200.00	Subtotal (see instructions)		0	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-1317 Component CCN: 14-Z317	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/21/2018 7:50 am
Title XVIII			Swing Beds - SNF	Cost

Cost Center Description	Costs			Cost	
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	56.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	73.01
73.02	07302	WOUND CARE	0	0	73.02
73.03	07303	SLEEP LAB	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/21/2018 7:50 am
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301 CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302 WOUND CARE	0	0	0	0	0	73.02
73.03	07303 SLEEP LAB	0	0	0	0	0	73.03
73.04	03950 DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 GERI PSYCH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/21/2018 7:50 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	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)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	24,905,584	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	3,838,006	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,257,845	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	1,294,370	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	29,899,731	0.000000	54.00
56.00	05600 RADIOISOTOPE	0	0	0	1,095,596	0.000000	56.00
60.00	06000 LABORATORY	0	0	0	22,195,773	0.000000	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	306,059	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	1,627,236	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	3,948,217	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	8,452,840	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	1,311,610	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	141,936	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	1,227,078	0.000000	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,092,073	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,207,094	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	16,360,458	0.000000	73.00
73.01	07301 CARDIAC REHAB	0	0	0	317,112	0.000000	73.01
73.02	07302 WOUND CARE	0	0	0	450,757	0.000000	73.02
73.03	07303 SLEEP LAB	0	0	0	1,233,348	0.000000	73.03
73.04	03950 DIETARY EDUCATION	0	0	0	109,971	0.000000	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	13,937,367	0.000000	88.00
90.00	09000 CLINIC	0	0	0	1,048,228	0.000000	90.00
90.01	09001 GERI PSYCH CLINIC	0	0	0	504,516	0.000000	90.01
91.00	09100 EMERGENCY	0	0	0	11,919,958	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	724,655	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	0	0	0	172,407,418		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-1317 Component CCN: 14-5979		Period: From 10/01/2016 To 09/30/2017		Worksheet D Part IV Date/Time Prepared: 2/21/2018 7:50 am	
				Title XVIII		Skilled Nursing Facility	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	9,068	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
60.00	06000 LABORATORY	0.000000	24,698	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	163,519	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	233,255	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	4,680	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,212	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	8,160	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	35,628	0	0	0	73.00
73.01	07301 CARDIAC REHAB	0.000000	0	0	0	0	73.01
73.02	07302 WOUND CARE	0.000000	0	0	0	0	73.02
73.03	07303 SLEEP LAB	0.000000	0	0	0	0	73.03
73.04	03950 DIETARY EDUCATION	0.000000	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 GERI PSYCH CLINIC	0.000000	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	454	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		480,674	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/21/2018 7:50 am
		Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.229571	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.231045	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.118821	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.339777	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.196066	0	0	0	0	54.00
56.00 05600 RADIOISOTOPE	0.272010	0	0	0	0	56.00
60.00 06000 LABORATORY	0.158847	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.312685	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.090884	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.251332	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.374433	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.272058	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.560464	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.046218	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.278491	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.349214	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.215502	0	0	2,530	0	73.00
73.01 07301 CARDIAC REHAB	0.679899	0	0	0	0	73.01
73.02 07302 WOUND CARE	1.466058	0	0	0	0	73.02
73.03 07303 SLEEP LAB	0.333890	0	0	0	0	73.03
73.04 03950 DIETARY EDUCATION	0.815279	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
90.00 09000 CLINIC	0.550848	0	0	0	0	90.00
90.01 09001 GERI PSYCH CLINIC	1.626862	0	0	0	0	90.01
91.00 09100 EMERGENCY	0.311440	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.890767	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.599692	0	0	0	0	95.00
200.00	Subtotal (see instructions)	0	0	2,530	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	0	0	201.00
202.00	Net Charges (line 200 - line 201)	0	0	2,530	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/21/2018 7:50 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00 05600 RADIO SOTOPE	0	0	56.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	545	73.00
73.01 07301 CARDIAC REHAB	0	0	73.01
73.02 07302 WOUND CARE	0	0	73.02
73.03 07303 SLEEP LAB	0	0	73.03
73.04 03950 DIETARY EDUCATION	0	0	73.04
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 GERI PSYCH CLINIC	0	0	90.01
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	0	545	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	545	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/21/2018 7:50 am
Title XIX		Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301 CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302 WOUND CARE	0	0	0	0	0	73.02
73.03	07303 SLEEP LAB	0	0	0	0	0	73.03
73.04	03950 DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 GERI PSYCH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/21/2018 7:50 am
Title XIX		Skilled Nursing Facility	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	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)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	24,905,584	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	3,838,006	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,257,845	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,294,370	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	29,899,731	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	1,095,596	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	22,195,773	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	306,059	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,627,236	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,948,217	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,452,840	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,311,610	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	141,936	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,227,078	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,092,073	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,207,094	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	16,360,458	0.000000	73.00
73.01	07301	CARDIAC REHAB	0	0	0	317,112	0.000000	73.01
73.02	07302	WOUND CARE	0	0	0	450,757	0.000000	73.02
73.03	07303	SLEEP LAB	0	0	0	1,233,348	0.000000	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	109,971	0.000000	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	13,937,367	0.000000	88.00
90.00	09000	CLINIC	0	0	0	1,048,228	0.000000	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	504,516	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	11,919,958	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	724,655	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	172,407,418		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/21/2018 7:50 am
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
73.01	07301 CARDIAC REHAB	0.000000	0	0	0	0	73.01
73.02	07302 WOUND CARE	0.000000	0	0	0	0	73.02
73.03	07303 SLEEP LAB	0.000000	0	0	0	0	73.03
73.04	03950 DIETARY EDUCATION	0.000000	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 GERI PSYCH CLINIC	0.000000	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 2/21/2018 7:50 am
Cost Center Description		Title XVIII	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,691 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			2,484 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			2,127 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			195 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			832 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			6 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			174 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			865 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			127 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			796 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			147.50 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			155.41 20.00
21.00	Total general inpatient routine service cost (see instructions)			6,376,240 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)			885 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)			27,041 25.00
26.00	Total swing-bed cost (see instructions)			1,884,865 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			4,491,375 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			4,491,375 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)			1,808.12 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,564,024 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,564,024 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 2/21/2018 7:50 am		
Cost Center Description			Title XVIII		Hospital	Cost	
	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	137,625	22	6,255.68	16	100,091	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,014,641	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,678,756	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					229,631	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					1,439,264	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					1,668,895	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)					357	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,808.12	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					645,499	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1317		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 2/21/2018 7:50 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	395,861	6,376,240	0.062084	645,499	40,075	90.00
91.00	Nursing School cost	0	6,376,240	0.000000	645,499	0	91.00
92.00	Allied health cost	0	6,376,240	0.000000	645,499	0	92.00
93.00	All other Medical Education	0	6,376,240	0.000000	645,499	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 2/21/2018 7:50 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		618	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		618	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)		618	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		617	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		242,698	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)		242,698	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)		242,698	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 2/21/2018 7:50 am
				Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges						54.00
55.00 Target amount per discharge						55.00
56.00 Target amount (line 54 x line 55)						56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00 Bonus payment (see instructions)						58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00 Relief payment (see instructions)						62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					242,698	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					392.72	71.00
72.00 Program routine service cost (line 9 x line 71)					242,308	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					242,308	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00 Program capital-related costs (line 9 x line 76)					0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00 Inpatient routine service cost per diem limitation					0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)					242,308	83.00
84.00 Program inpatient ancillary services (see instructions)					143,420	84.00
85.00 Utilization review - physician compensation (see instructions)					0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					385,728	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1317 Component CCN: 14-5979		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 2/21/2018 7:50 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 2/21/2018 7:50 am
		Title XIX	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		618	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		618	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)		618	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		429	15.00
16.00	Nursery days (title V or XIX only)		151	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		242,698	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)		242,698	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)		242,698	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 2/21/2018 7:50 am
				Title XIX	Skilled Nursing Facility	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges						54.00
55.00 Target amount per discharge						55.00
56.00 Target amount (line 54 x line 55)						56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00 Bonus payment (see instructions)						58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00 Relief payment (see instructions)						62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					242,698	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					392.72	71.00
72.00 Program routine service cost (line 9 x line 71)					0	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					15,248	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					24.67	76.00
77.00 Program capital-related costs (line 9 x line 76)					0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00 Inpatient routine service cost per diem limitation					0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0	83.00
84.00 Program inpatient ancillary services (see instructions)					0	84.00
85.00 Utilization review - physician compensation (see instructions)					0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1317 Component CCN: 14-5979		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 2/21/2018 7:50 am	
		Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet D-3 Date/Time Prepared: 2/21/2018 7:50 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		2,138,137	30.00
31.00	03100	INTENSIVE CARE UNIT		49,064	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.229571	2,843,097	652,693 50.00
51.00	05100	RECOVERY ROOM	0.231045	254,411	58,780 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.118821	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.339777	71,861	24,417 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.196066	748,521	146,760 54.00
56.00	05600	RADIOISOTOPE	0.272010	13,454	3,660 56.00
60.00	06000	LABORATORY	0.158847	616,432	97,918 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.312685	76,076	23,788 63.00
64.00	06400	INTRAVENOUS THERAPY	0.090884	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.251332	1,518,476	381,642 65.00
66.00	06600	PHYSICAL THERAPY	0.374433	305,805	114,503 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.272058	167,503	45,571 67.00
68.00	06800	SPEECH PATHOLOGY	0.560464	8,737	4,897 68.00
69.00	06900	ELECTROCARDIOLOGY	0.046218	32,902	1,521 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.278491	896,324	249,618 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.349214	5,074,940	1,772,240 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215502	1,978,778	426,431 73.00
73.01	07301	CARDIAC REHAB	0.679899	0	0 73.01
73.02	07302	WOUND CARE	1.466058	0	0 73.02
73.03	07303	SLEEP LAB	0.333890	0	0 73.03
73.04	03950	DIETARY EDUCATION	0.815279	10,716	8,737 73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
90.00	09000	CLINIC	0.550848	0	0 90.00
90.01	09001	GERI PSYCH CLINIC	1.626862	0	0 90.01
91.00	09100	EMERGENCY	0.311440	4,703	1,465 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.890767	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		14,622,736	4,014,641 200.00
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)		14,622,736	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1317 Component CCN: 14-Z317	Period: From 10/01/2016 To 09/30/2017	Worksheet D-3 Date/Time Prepared: 2/21/2018 7:50 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.229571	0	50.00
51.00	05100	RECOVERY ROOM	0.231045	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.118821	0	52.00
53.00	05300	ANESTHESIOLOGY	0.339777	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.196066	65,737	54.00
56.00	05600	RADIOISOTOPE	0.272010	0	56.00
60.00	06000	LABORATORY	0.158847	177,033	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.312685	17,610	63.00
64.00	06400	INTRAVENOUS THERAPY	0.090884	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.251332	174,179	65.00
66.00	06600	PHYSICAL THERAPY	0.374433	319,894	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.272058	250,996	67.00
68.00	06800	SPEECH PATHOLOGY	0.560464	14,084	68.00
69.00	06900	ELECTROCARDIOLOGY	0.046218	12,776	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.278491	349,021	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.349214	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215502	571,235	73.00
73.01	07301	CARDIAC REHAB	0.679899	0	73.01
73.02	07302	WOUND CARE	1.466058	0	73.02
73.03	07303	SLEEP LAB	0.333890	0	73.03
73.04	03950	DIETARY EDUCATION	0.815279	0	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
90.00	09000	CLINIC	0.550848	0	90.00
90.01	09001	GERI PSYCH CLINIC	1.626862	0	90.01
91.00	09100	EMERGENCY	0.311440	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.890767	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,952,565	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		1,952,565	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2016 To 09/30/2017	Worksheet D-3 Date/Time Prepared: 2/21/2018 7:50 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.229571	0	50.00
51.00	05100	RECOVERY ROOM	0.231045	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.118821	0	52.00
53.00	05300	ANESTHESIOLOGY	0.339777	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.196066	9,068	54.00
56.00	05600	RADIOISOTOPE	0.272010	0	56.00
60.00	06000	LABORATORY	0.158847	24,698	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.312685	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.090884	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.251332	0	65.00
66.00	06600	PHYSICAL THERAPY	0.374433	163,519	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.272058	233,255	67.00
68.00	06800	SPEECH PATHOLOGY	0.560464	4,680	68.00
69.00	06900	ELECTROCARDIOLOGY	0.046218	1,212	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.278491	8,160	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.349214	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215502	35,628	73.00
73.01	07301	CARDIAC REHAB	0.679899	0	73.01
73.02	07302	WOUND CARE	1.466058	0	73.02
73.03	07303	SLEEP LAB	0.333890	0	73.03
73.04	03950	DIETARY EDUCATION	0.815279	0	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
90.00	09000	CLINIC	0.550848	0	90.00
90.01	09001	GERI PSYCH CLINIC	1.626862	0	90.01
91.00	09100	EMERGENCY	0.311440	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.890767	454	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		480,674	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)		480,674	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part B Date/Time Prepared: 2/21/2018 7:50 am
		Title XVIII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		9,130,896	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
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 lines 3, 4, and 4.01, 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)		9,130,896	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (see instructions)		9,222,205	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, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		62,131	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,906,533	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		3,253,541	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		3,253,541	30.00
31.00	Primary payer payments		1,384	31.00
32.00	Subtotal (line 30 minus line 31)		3,252,157	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)		484,849	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		315,152	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		280,251	36.00
37.00	Subtotal (see instructions)		3,567,309	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		3,567,309	40.00
40.01	Sequestration adjustment (see instructions)		71,346	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		3,583,169	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-87,206	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part B Date/Time Prepared: 2/21/2018 7:50 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		545	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
4.01	Outlier reconciliation amount (see instructions)			4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, 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)		545	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		2,530	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)		2,530	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)		2,530	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,985	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) (see instructions)		545	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, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		545	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)		545	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		545	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. 1-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		545	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
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)		545	40.00
40.01	Sequestration adjustment (see instructions)		11	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		446	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		88	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet E-1
Part I
Date/Time Prepared:
2/21/2018 7:50 am

		Title XVIII		Hospital		Cost	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		4,847,491		3,982,257	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	05/18/2017	141,956		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	05/18/2017	399,088	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)		141,956		-399,088	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,989,447		3,583,169	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		323,304		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		87,206	6.02	
7.00	Total Medicare program liability (see instructions)		5,312,751		3,495,963	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-1317

Period: From 10/01/2016

Worksheet E-1

Component CCN: 14-Z317

To 09/30/2017

Part I
Date/Time Prepared:
2/21/2018 7:50 am

Title XVIII

Swing Beds - SNF

Cost

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,337,055		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	05/18/2017	125,955		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)		-125,955		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)		2,211,100		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		77,822		0	6.02
7.00	Total Medicare program liability (see instructions)		2,133,278		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-1317 Component CCN: 14-5979		Period: From 10/01/2016 To 09/30/2017		Worksheet E-1 Part I Date/Time Prepared: 2/21/2018 7:50 am	
		Title XVIII		Skilled Nursing Facility		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		168,463		446	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)		168,463		446	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		88	6.01	
6.02	SETTLEMENT TO PROGRAM		1		0	6.02	
7.00	Total Medicare program liability (see instructions)		168,462		534	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
			0	1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet E-1
Part II
Date/Time Prepared:
2/21/2018 7:50 am

		Title XVIII	Hospital	Cost
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 14-1317 Component CCN: 14-Z317	Period: From 10/01/2016 To 09/30/2017	Worksheet E-2 Date/Time Prepared: 2/21/2018 7:50 am
		Title XVIII	Swing Beds - SNF	Cost
		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	1,685,584	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)	512,213	0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	923	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)	2,197,797	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	2,197,797	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)	2,197,797	0	12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinurance for physician professional services)	20,983	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)	2,176,814	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	Rural community hospital demonstration project (\$410A Demonstration) payment adjustment (see instructions)	0		16.55
16.99	Demonstration payment adjustment amount before sequestration	0	0	16.99
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)	2,176,814	0	19.00
19.01	Sequestration adjustment (see instructions)	43,536	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)	0	0	19.02
20.00	Interim payments	2,211,100	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)	-77,822	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
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00
203.00	Total (sum of lines 201 and 202)			203.00
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
205.00	Medicare swing-bed SNF target amount			205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
Comparison of PPS versus Cost Reimbursement				
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet E-3 Part V Date/Time Prepared: 2/21/2018 7:50 am
		Title XVIII	Hospital	Cost
				1.00
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT				
1.00	Inpatient services			5,678,756 1.00
2.00	Nursing and Allied Health Managed Care payment (see instructions)			0 2.00
3.00	Organ acquisition			0 3.00
4.00	Subtotal (sum of lines 1 through 3)			5,678,756 4.00
5.00	Primary payer payments			0 5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)			5,735,544 6.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
7.00	Routine service charges			0 7.00
8.00	Ancillary service charges			0 8.00
9.00	Organ acquisition charges, net of revenue			0 9.00
10.00	Total reasonable charges			0 10.00
Customary charges				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 11.00
12.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)			0.000000 13.00
14.00	Total customary charges (see instructions)			0 14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)			0 15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)			0 16.00
17.00	Cost of physicians' services in a teaching hospital (see instructions)			0 17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)			5,735,544 19.00
20.00	Deductibles (exclude professional component)			334,908 20.00
21.00	Excess reasonable cost (from line 16)			0 21.00
22.00	Subtotal (line 19 minus line 20 and 21)			5,400,636 22.00
23.00	Coinurance			1,316 23.00
24.00	Subtotal (line 22 minus line 23)			5,399,320 24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			33,621 25.00
26.00	Adjusted reimbursable bad debts (see instructions)			21,854 26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			23,352 27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)			5,421,174 28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 29.00
29.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 29.50
29.99	Demonstration payment adjustment amount before sequestration			0 29.99
30.00	Subtotal (see instructions)			5,421,174 30.00
30.01	Sequestration adjustment (see instructions)			108,423 30.01
30.02	Demonstration payment adjustment amount after sequestration			0 30.02
31.00	Interim payments			4,989,447 31.00
32.00	Tentative settlement (for contractor use only)			0 32.00
33.00	Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32)			323,304 33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2016 To 09/30/2017	Worksheet E-3 Part VI Date/Time Prepared: 2/21/2018 7:50 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		230,872	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		230,872	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		58,972	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		171,900	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		171,900	15.00
15.01	Sequestration adjustment (see instructions)		3,438	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		168,463	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)		-1	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet E-3 Part VII Date/Time Prepared: 2/21/2018 7:50 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2016 To 09/30/2017	Worksheet E-3 Part VII Date/Time Prepared: 2/21/2018 7:50 am
		Title XIX	Skilled Nursing Facility	PPS
			Inpatient 1.00	Outpatient 2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital /SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		0	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000
16.00	Total customary charges (see instructions)		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	43.00

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

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet G

Date/Time Prepared:
2/21/2018 7:50 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	645,245	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	25,095,769	0	0	0	4.00
5.00	Other receivable	1,500,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	804,061	0	0	0	7.00
8.00	Prepaid expenses	1,401,085	0	0	0	8.00
9.00	Other current assets	822,937	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	30,269,097	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,079,442	0	0	0	12.00
13.00	Land improvements	1,838,439	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	42,956,393	0	0	0	15.00
16.00	Accumulated depreciation	-37,729,890	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	21,806,191	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	29,950,575	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	7,996,622	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	715,607	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,712,229	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	68,931,901	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,745,002	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	9,164,443	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	4,707,199	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	25,616,644	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	18,878,284	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	18,878,284	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	44,494,928	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	24,436,973				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	24,436,973	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	68,931,901	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet G-1

Date/Time Prepared:
2/21/2018 7:50 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		24,100,803		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		336,170				2.00
3.00	Total (sum of line 1 and line 2)		24,436,973		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	ROUNDING	0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		24,436,973		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	ROUNDING	0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		24,436,973		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	ROUNDING		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	ROUNDING		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2016
To 09/30/2017

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/21/2018 7:50 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	12,960,285		12,960,285	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	173,141		173,141	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	3,424,152		3,424,152	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	16,557,578		16,557,578	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	60,126		60,126	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	60,126		60,126	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	16,617,704		16,617,704	17.00
18.00	Ancillary services	41,184,977	112,996,820	154,181,797	18.00
19.00	Outpatient services	898,142	17,528,438	18,426,580	19.00
20.00	RURAL HEALTH CLINIC	0	13,937,367	13,937,367	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	6,206,781	6,206,781	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER NRCC	77,996	18,770,277	18,848,273	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	58,778,819	169,439,683	228,218,502	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		96,230,087		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		96,230,087		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 14-1317	Period: From 10/01/2016 To 09/30/2017	Worksheet G-3 Date/Time Prepared: 2/21/2018 7:50 am
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	228,218,502	1.00
2.00	Less contractual allowances and discounts on patients' accounts	132,846,503	2.00
3.00	Net patient revenues (line 1 minus line 2)	95,371,999	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	96,230,087	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-858,088	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	267,264	6.00
7.00	Income from investments	299,549	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	4,620,146	24.00
24.01	GRANT INCOME	800,154	24.01
24.02	REALIZED GAIN	82,574	24.02
24.03	CHANGE IN TEMP RESTRICT NET ASSETS	1,497,218	24.03
24.04	UNREALIZED GAINS	411,543	24.04
24.05	NET ASSETS REALED	19,176	24.05
25.00	Total other income (sum of lines 6-24)	7,997,624	25.00
26.00	Total (line 5 plus line 25)	7,139,536	26.00
27.00	ACCOUNTS IN MISC REV ON AFS	1,365,713	27.00
27.01	OTHER EXPENSES (SPECIFY)	0	27.01
27.02	BAD DEBTS	5,437,653	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	6,803,366	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	336,170	29.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-1317

Period: From 10/01/2016

Worksheet M-1

Component CCN: 14-3408

To 09/30/2017

Date/Time Prepared: 2/21/2018 7:50 am

		RHC I		Cost			
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	4,463,603	0	4,463,603	0	4,463,603	1.00
2.00	Physician Assistant	264,681	0	264,681	0	264,681	2.00
3.00	Nurse Practitioner	980,799	0	980,799	0	980,799	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	1,700,677	0	1,700,677	0	1,700,677	5.00
6.00	Clinical Psychologist	0	0	0	154,656	154,656	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0	9.00
10.00	Subtotal (sum of lines 1 through 9)	7,409,760	0	7,409,760	154,656	7,564,416	10.00
11.00	Physician Services Under Agreement	288,000	0	288,000	0	288,000	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	288,000	0	288,000	0	288,000	14.00
15.00	Medical Supplies	0	783,162	783,162	0	783,162	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	783,162	783,162	0	783,162	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	7,697,760	783,162	8,480,922	154,656	8,635,578	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	1,085,949	1,732,344	2,818,293	893,273	3,711,566	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	1,085,949	1,732,344	2,818,293	893,273	3,711,566	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	8,783,709	2,515,506	11,299,215	1,047,929	12,347,144	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS	Provider CCN: 14-1317	Period:	Worksheet M-1
	Component CCN: 14-3408	From 10/01/2016 To 09/30/2017	Date/Time Prepared: 2/21/2018 7:50 am
		RHC I	Cost

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS			
1.00	Physician	-212,904	4,250,699
2.00	Physician Assistant	0	264,681
3.00	Nurse Practitioner	0	980,799
4.00	Visiting Nurse	0	0
5.00	Other Nurse	0	1,700,677
6.00	Clinical Psychologist	0	154,656
7.00	Clinical Social Worker	0	0
8.00	Laboratory Technician	0	0
9.00	Other Facility Health Care Staff Costs	0	0
10.00	Subtotal (sum of lines 1 through 9)	-212,904	7,351,512
11.00	Physician Services Under Agreement	0	288,000
12.00	Physician Supervision Under Agreement	0	0
13.00	Other Costs Under Agreement	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	288,000
15.00	Medical Supplies	0	783,162
16.00	Transportation (Health Care Staff)	0	0
17.00	Depreciation-Medical Equipment	0	0
18.00	Professional Liability Insurance	0	0
19.00	Other Health Care Costs	0	0
20.00	Allowable GME Costs	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	783,162
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-212,904	8,422,674
COSTS OTHER THAN RHC/FQHC SERVICES			
23.00	Pharmacy	0	0
24.00	Dental	0	0
25.00	Optometry	0	0
25.01	Telehealth	0	0
25.02	Chronic Care Management	0	0
26.00	All other nonreimbursable costs	0	0
27.00	Nonallowable GME costs	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0
FACILITY OVERHEAD			
29.00	Facility Costs	0	0
30.00	Administrative Costs	-235,983	3,475,583
31.00	Total Facility Overhead (sum of lines 29 and 30)	-235,983	3,475,583
32.00	Total facility costs (sum of lines 22, 28 and 31)	-448,887	11,898,257

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-1317 Component CCN: 14-3408	Period: From 10/01/2016 To 09/30/2017	Worksheet M-2 Date/Time Prepared: 2/21/2018 7:50 am
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		RHC I		Cost		
	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	5.77	27,042	4,200	24,234	1.00
2.00	Physician Assistant	1.18	6,049	2,100	2,478	2.00
3.00	Nurse Practitioner	5.49	15,176	2,100	11,529	3.00
4.00	Subtotal (sum of lines 1 through 3)	12.44	48,267		38,241	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	2.63	1,666		1,666	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)	15.07	49,933		49,933	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)				8,422,674	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)				8,422,674	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet, M-1, col. 7, line 31)				3,475,583	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				4,622,565	15.00
16.00	Total overhead (sum of lines 14 and 15)				8,098,148	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Enter the amount from line 16				8,098,148	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				8,098,148	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				16,520,822	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-1317 Component CCN: 14-3408	Period: From 10/01/2016 To 09/30/2017	Worksheet M-3 Date/Time Prepared: 2/21/2018 7:50 am	
		Title XVIII	RHC I	Cost	
				1.00	
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES					
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			16,520,822	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			345,383	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			16,175,439	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			49,933	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)			49,933	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			323.94	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)	81.32	82.30		8.00
9.00	Rate for Program covered visits (see instructions)	323.94	323.94		9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)	0	12,002		10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	3,887,928		11.00
12.00	Program covered visits for mental health services (from contractor records)	0	7		12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	2,268		13.00
14.00	Limit adjustment for mental health services (see instructions)	0	2,268		14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)				15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	3,890,196		16.00
16.01	Total program charges (see instructions)(from contractor's records)		2,451,396		16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		151,146		16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		239,858		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.)		2,783,115		16.04
16.05	Total program cost (see instructions)	0	3,022,973		16.05
17.00	Primary payer amounts		0		17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		171,444		18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		425,761		19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		3,022,973		20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		251,032		21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		3,274,005		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
25.99	Demonstration payment adjustment amount before sequestration		0		25.99
26.00	Net reimbursable amount (see instructions)		3,274,005		26.00
26.01	Sequestration adjustment (see instructions)		65,480		26.01
26.02	Demonstration payment adjustment amount after sequestration		0		26.02
27.00	Interim payments		2,781,486		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, 26.02, 27, and 28)		427,039		29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter 1, §115.2		0		30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 14-1317 Component CCN: 14-3408	Period: From 10/01/2016 To 09/30/2017	Worksheet M-4 Date/Time Prepared: 2/21/2018 7:50 am	
		Title XVIII	RHC I	Cost	
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		7,351,512	7,351,512	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.002068	0.004261	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		15,203	31,325	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		86,465	43,090	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		101,668	74,415	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		8,422,674	8,422,674	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		8,098,148	8,098,148	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.012071	0.008835	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		97,753	71,547	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		199,421	145,962	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		869	1,790	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		229.48	81.54	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		589	1,421	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		135,164	115,868	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)			345,383	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)			251,032	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 14-1317 Component CCN: 14-3408	Period: From 10/01/2016 To 09/30/2017	Worksheet M-5 Date/Time Prepared: 2/21/2018 7:50 am
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		RHC I	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		2,427,377	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01		05/18/2017	354,109	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)		354,109	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		2,781,486	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		427,039	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		3,208,525	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00
8.00	Name of Contractor			8.00