

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 10/01/2017 To 09/30/2018	Worksheet S Parts I-III Date/Time Prepared: 2/26/2019 2: 29 pm
--	-----------------------	---	---

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: 2/26/2019 Time: 2: 29 pm

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 10/01/2017 and ending 09/30/2018 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	-1,071,275	-75,493	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	-114,267	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	68		0	7.00
10.00 RURAL HEALTH CLINIC I	0		79,614		0	10.00
200.00 Total	0	-1,185,542	4,189	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 10/01/2017 To 09/30/2018	Worksheet S-2 Part I Date/Time Prepared: 2/26/2019 2:29 pm
---	--	-----------------------	---	---

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		
							V	XVIII	XIX		
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)						10/01/2017	09/30/2018		20.00	
21.00	Type of Control (see instructions)						2			21.00	
							1.00	2.00		3.00	

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	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1317			Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/26/2019 2:29 pm		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	0	0	0	0	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	0	25.00
						Urban/Rural	S	Date of Geogr	
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? 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), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N		40.00
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1317		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/26/2019 2:29 pm	
		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			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						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)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		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)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings 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)					N	63.00
		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)			0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1317		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/26/2019 2:29 pm	
	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part I Date/Time Prepared: 2/26/2019 2:29 pm		
			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 an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1317		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/26/2019 2:29 pm		
		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:	673,859		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 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/26/2019 2:29 pm	
		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	
						1.00	
		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		169.00	
						1.00	
						Beginning	
						Ending	
						1.00	
						2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2017		12/31/2017		170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part I Date/Time Prepared: 2/26/2019 2:29 pm	
		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 10/01/2017 To 09/30/2018		Worksheet S-2 Part II Date/Time Prepared: 2/26/2019 2:29 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	01/24/2019	Y	01/24/2019		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 10/01/2017 To 09/30/2018	Worksheet S-2 Part II Date/Time Prepared: 2/26/2019 2:29 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		Y		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		Y		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.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
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.	DAVID		MCCLUNG	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.	641-494-2144		DAVID.MCCLUNG@RSMUS.COM	43.00

		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 10/01/2017
To 09/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
2/26/2019 2:29 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Ti tle 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	54,044.00	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	54,044.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	2	730	576.00	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	43.00				0	13.00
14.00 Total (see instructions)		25	9,125	54,620.00	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 10/01/2017
To 09/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
2/26/2019 2:29 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	1,104	143	2,252			1.00
2.00 HMO and other (see instructions)	148	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	901	0	1,223			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	161			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	2,005	143	3,636			7.00
8.00 INTENSIVE CARE UNIT	20	1	24			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		86	344			13.00
14.00 Total (see instructions)	2,025	230	4,004	0.00	553.70	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	234	0	234	0.00	0.60	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE			12,682	0.00	32.64	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			24.10
25.00 CMHC - CMHC						25.00
26.00 RHC (CONSOLIDATED)	11,912	0	52,851	0.00	106.72	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	693.66	27.00
28.00 Observation Bed Days		0	395			28.00
29.00 Ambulance Trips	923					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	34	112			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 10/01/2017
To 09/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
2/26/2019 2:29 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	369	74	882	1.00
2.00 HMO and other (see instructions)			51	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	369	74	882	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				42	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 10/01/2017
To 09/30/2018

Worksheet S-7
Date/Time Prepared:
2/26/2019 2:29 pm

		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	0	0	15.00
16.00		RVB	0	0	16.00
17.00		RVA	47	0	47 17.00
18.00		RHC	59	0	59 18.00
19.00		RHB	42	0	42 19.00
20.00		RHA	43	0	43 20.00
21.00		RMC	13	0	13 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	10	0	10 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	10	0	10 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	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 10/01/2017
To 09/30/2018

Worksheet S-7

Date/Time Prepared:
2/26/2019 2:29 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	8	0	8	78.00
199.00		AAA	2	0	2	199.00
200.00	TOTAL		234	0	234	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	29,350	46.69	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	62,858			207.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-1317 Component CCN: 14-3408		Period: From 10/01/2017 To 09/30/2018		Worksheet S-8 Date/Time Prepared: 2/26/2019 2:29 pm	
		RHC I		Cost			
				1.00			
1.00	Clinic Address and Identification Street	225 MARKET STREET				1.00	
		City		State		ZIP Code	
		1.00		2.00		3.00	
2.00	City, State, ZIP Code, County	PAXTON		IL		60957	
				1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0		3.00	
		Grant Award		Date			
		1.00		2.00			
4.00		Source of Federal Funds				4.00	
5.00		Community Health Center (Section 330(d), PHS Act)				5.00	
6.00		Migrant Health Center (Section 329(d), PHS Act)				6.00	
7.00		Health Services for the Homeless (Section 340(d), PHS Act)				7.00	
8.00		Appalachian Regional Commission				8.00	
9.00		Look-Alikes				8.00	
		OTHER (SPECIFY)				9.00	
				1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N		0		10.00	
		Sunday		Monday		Tuesday	
		from to		from to		from	
		1.00 2.00		3.00 4.00		5.00	
11.00	Facility hours of operations (1) CLINIC	08:00 12:00		07:00 17:00		08:00	
				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		9		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	
14.08		FAMILY HEALTH CARE OF CISSNA PARK		148593		14.08	
		Y/N		V		XVIII	
		1.00		2.00		3.00	
						XIX	
						Total Visits	
						5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)					15.00	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-1317 Component CCN: 14-3408		Period: From 10/01/2017 To 09/30/2018		Worksheet S-8 Date/Time Prepared: 2/26/2019 2:29 pm		
		RHC I		Cost				
		County						
		4.00						
2.00	City, State, ZIP Code, County	FORD						2.00
		Tuesday		Wednesday		Thursday		
		to		from to		from to		
		6.00		7.00 8.00		9.00 10.00		
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 to				
		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 10/01/2017 To 09/30/2018	Worksheet S-10 Date/Time Prepared: 2/26/2019 2:29 pm
---	--	-----------------------	---	--

				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)			0.358849	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			2,009,875	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			21,026	5.00	
6.00	Medicaid charges			20,745,305	6.00	
7.00	Medicaid cost (line 1 times line 6)			7,444,432	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)			5,413,531	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone CHIP			24,281	9.00	
10.00	Stand-alone CHIP charges			158,793	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)			56,983	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			32,702	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)			5,446,233	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)	2,265,444	1,138,724	3,404,168	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	812,952	1,138,724	1,951,676	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)	812,952	1,138,724	1,951,676	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)			5,620,089	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			503,715	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			774,946	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			4,845,143	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,009,906	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			3,961,582	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			9,407,815	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet A Date/Time Prepared: 2/26/2019 2:29 pm			
Cost Center Description				Salaries	Other	Total (col. 1 + col. 2)	Reclassified ions (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
				1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT			3,601,805	3,601,805	-2,426,050	1,175,755	1.00
1.01	00101	OB UNIT - BLDG & FIXT			0	0	295,038	295,038	1.01
1.02	00102	B&F - ONARGA RHC			0	0	17,942	17,942	1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI			0	0	16,375	16,375	1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC			0	0	85,765	85,765	1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC			0	0	15,217	15,217	1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC			0	0	151,270	151,270	1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC			0	0	43,567	43,567	1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC			0	0	11,744	11,744	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER			0	0	11,386	11,386	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION			0	0	6,247	6,247	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE			0	0	3,974	3,974	1.15
1.16	00116	B&F - AMBULANCE BUILDING			0	0	20,865	20,865	1.16
1.17	00117	B&F - # 10 DOCTOR' S PARK			0	0	79,557	79,557	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE			0	0	6,836	6,836	1.18
1.19	00119	B&F - ANESTHESIA HOUSE			0	0	3,554	3,554	1.19
1.20	00120	B&F - #7 DOCTOR' S PARK			0	0	10,836	10,836	1.20
1.21	00121	B&F - #4 DOCTOR' S PARK			0	0	1,470	1,470	1.21
1.22	00122	B&F - #8 DOCTOR' S PARK			0	0	12,317	12,317	1.22
1.25	00125	B&F - HARMS HOUSE/IT			0	0	29,665	29,665	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE			0	0	20,267	20,267	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE			0	0	7,301	7,301	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED			0	0	12,878	12,878	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP			0	0	2,328,710	2,328,710	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	297,296		14,160,909	14,458,205	-1,143,395	13,314,810	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,902,272	1,157,841		3,060,113	-64,296	2,995,817	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	4,853,984	7,716,520		12,570,504	-1,077,268	11,493,236	5.02
7.00	00700	OPERATION OF PLANT	640,018	1,108,349		1,748,367	-222,860	1,525,507	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	40,863	127,659		168,522	222,860	391,382	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	246,684	75,936		322,620	0	322,620	8.00
9.00	00900	HOUSEKEEPING	417,857	124,213		542,070	0	542,070	9.00
10.00	01000	DIETARY	522,230	509,958		1,032,188	-577,804	454,384	10.00
11.00	01100	CAFETERIA	0	0		0	577,804	577,804	11.00
13.00	01300	NURSING ADMINISTRATION	685,742	82,527		768,269	-46,037	722,232	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	288,363		288,363	0	288,363	14.00
15.00	01500	PHARMACY	619,315	331,200		950,515	0	950,515	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	279,508	146,859		426,367	0	426,367	16.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	3,207,834	383,998		3,591,832	-444,409	3,147,423	30.00
31.00	03100	INTENSIVE CARE UNIT	3,118	12,538		15,656	29,313	44,969	31.00
43.00	04300	NURSERY	0	0		0	334,551	334,551	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		0	31,823	31,823	44.00
46.00	04600	OTHER LONG TERM CARE	1,620,003	136,485		1,756,488	-31,823	1,724,665	46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	1,987,766	794,241		2,782,007	0	2,782,007	50.00
51.00	05100	RECOVERY ROOM	335,220	25,448		360,668	0	360,668	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		0	126,875	126,875	52.00
53.00	05300	ANESTHESIOLOGY	1,948,710	137,588		2,086,298	242,021	2,328,319	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,682,915	1,913,059		3,595,974	-68,009	3,527,965	54.00
56.00	05600	RADIOISOTOPE	0	105,215		105,215	89,874	195,089	56.00
60.00	06000	LABORATORY	964,086	1,228,458		2,192,544	12,664	2,205,208	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	86,570		86,570	0	86,570	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	432,126	97,445		529,571	-23,069	506,502	65.00
66.00	06600	PHYSICAL THERAPY	1,361,782	119,066		1,480,848	865	1,481,713	66.00
67.00	06700	OCCUPATIONAL THERAPY	249,588	1,520		251,108	0	251,108	67.00
68.00	06800	SPEECH PATHOLOGY	37	62,573		62,610	0	62,610	68.00
69.00	06900	ELECTROCARDIOLOGY	0	41,004		41,004	23,069	64,073	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,350,869		1,350,869	0	1,350,869	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,586,506		3,586,506	0	3,586,506	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,066,276		2,066,276	0	2,066,276	73.00
73.01	07301	CARDIAC REHAB	71,861	1,455		73,316	0	73,316	73.01
73.02	07302	WOUND CARE	357,337	66,882		424,219	17,095	441,314	73.02
73.03	07303	SLEEP LAB	84,728	143,830		228,558	0	228,558	73.03
73.04	03950	DIETARY EDUCATION	0	0		0	71,352	71,352	73.04
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	9,174,841	2,369,347		11,544,188	1,145,066	12,689,254	88.00
90.00	09000	CLINIC	225,863	48,183		274,046	0	274,046	90.00
90.01	09001	GERI PSYCH CLINIC	211,567	317,104		528,671	0	528,671	90.01
91.00	09100	EMERGENCY	1,343,960	2,139,940		3,483,900	0	3,483,900	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART							92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet A

Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,710,460	231,746	1,942,206	72,491	2,014,697	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	37,479,571	46,899,485	84,379,056	65,484	84,444,540	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	85,870	207,539	293,409	0	293,409	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	676,255	127,275	803,530	0	803,530	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	971,829	158,819	1,130,648	0	1,130,648	194.02
194.03	07953	WELLNESS CENTER	130,765	12,605	143,370	0	143,370	194.03
194.04	07954	PSYCH CLINIC	955,731	866,677	1,822,408	-183,920	1,638,488	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	388,289	117,783	506,072	64,208	570,280	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	158,887	12,020	170,907	0	170,907	194.07
194.08	07958	340B PHARMACY	0	413,968	413,968	0	413,968	194.08
194.09	07959	GAH CARDIOLOGY	169,811	298,470	468,281	0	468,281	194.09
194.10	07960	WIC	127,048	7,783	134,831	0	134,831	194.10
194.11	07961	PULMONARY CLINIC	84,202	176,022	260,224	0	260,224	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	17,056	19,312	36,368	0	36,368	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	4	4	0	4	194.14
194.15	07965	ORTHO CLINIC	2,245,951	957,890	3,203,841	0	3,203,841	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	1,486,344	212,210	1,698,554	2,747	1,701,301	194.17
194.18	07968	GAFM	293,046	122,999	416,045	0	416,045	194.18
194.19	07969	GAPC	438,693	99,547	538,240	0	538,240	194.19
194.20	07970	FHCF	39,637	20,743	60,380	5,245	65,625	194.20
194.21	07971	FAMILY H.C. FAIRBURY	327,011	102,513	429,524	46,236	475,760	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	149,429	217,367	366,796	0	366,796	194.22
194.23	07973	WEEKEND CLINIC AT GAH	152,094	6,255	158,349	0	158,349	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	749,996	98,642	848,638	0	848,638	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	607,789	70,057	677,846	0	677,846	194.25
194.26	07976	DENTAL CLINIC	42,149	59,878	102,027	0	102,027	194.26
200.00		TOTAL (SUM OF LINES 118 through 199)	47,777,453	51,285,863	99,063,316	0	99,063,316	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet A
Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-81,867	1,093,888	1.00
1.01	00101	OB UNIT - BLDG & FIXT	-9,567	285,471	1.01
1.02	00102	B&F - ONARGA RHC	0	17,942	1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI	0	16,375	1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC	0	85,765	1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC	0	15,217	1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	0	151,270	1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	0	43,567	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	11,386	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	6,247	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	3,974	1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	20,865	1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	79,557	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	10,836	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	12,317	1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	29,665	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	20,267	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	-42,267	2,286,443	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-613,578	12,701,232	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,995,817	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	-2,249,800	9,243,436	5.02
7.00	00700	OPERATION OF PLANT	0	1,525,507	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	391,382	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	-101,599	221,021	8.00
9.00	00900	HOUSEKEEPING	0	542,070	9.00
10.00	01000	DIETARY	0	454,384	10.00
11.00	01100	CAFETERIA	-103,780	474,024	11.00
13.00	01300	NURSING ADMINISTRATION	0	722,232	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	288,363	14.00
15.00	01500	PHARMACY	0	950,515	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-6,301	420,066	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-89,832	3,057,591	30.00
31.00	03100	INTENSIVE CARE UNIT	-3,702	41,267	31.00
43.00	04300	NURSERY	0	334,551	43.00
44.00	04400	SKILLED NURSING FACILITY	0	31,823	44.00
46.00	04600	OTHER LONG TERM CARE	0	1,724,665	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,782,007	50.00
51.00	05100	RECOVERY ROOM	0	360,668	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	126,875	52.00
53.00	05300	ANESTHESIOLOGY	-2,129,365	198,954	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-719,940	2,808,025	54.00
56.00	05600	RADIO SOTOPE	0	195,089	56.00
60.00	06000	LABORATORY	-147,645	2,057,563	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	86,570	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	506,502	65.00
66.00	06600	PHYSICAL THERAPY	0	1,481,713	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	251,108	67.00
68.00	06800	SPEECH PATHOLOGY	0	62,610	68.00
69.00	06900	ELECTROCARDIOLOGY	-37,890	26,183	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,350,869	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,586,506	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,066,276	73.00
73.01	07301	CARDIAC REHAB	0	73,316	73.01
73.02	07302	WOUND CARE	0	441,314	73.02
73.03	07303	SLEEP LAB	0	228,558	73.03
73.04	03950	DIETARY EDUCATION	0	71,352	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	-306,722	12,382,532	88.00
90.00	09000	CLINIC	0	274,046	90.00
90.01	09001	GERI PSYCH CLINIC	-31,860	496,811	90.01
91.00	09100	EMERGENCY	-1,198,059	2,285,841	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet A
Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	2,014,697	95.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-7,873,774	76,570,766	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.01	19201 GAH - MSO	0	0	192.01
192.02	19202 GAH FOUNDATION	0	293,409	192.02
194.00	07950 FALCON POINT RENTAL	0	0	194.00
194.01	07951 PHYSICIAN OFFICE	0	803,530	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	0	1,130,648	194.02
194.03	07953 WELLNESS CENTER	0	143,370	194.03
194.04	07954 PSYCH CLINIC	0	1,638,488	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	0	570,280	194.05
194.06	07956 LASER CLINIC	0	0	194.06
194.07	07957 PAIN CLINIC	0	170,907	194.07
194.08	07958 340B PHARMACY	0	413,968	194.08
194.09	07959 GAH CARDIOLOGY	0	468,281	194.09
194.10	07960 WIC	0	134,831	194.10
194.11	07961 PULMONARY CLINIC	0	260,224	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	0	36,368	194.12
194.13	07963 PODIATRY	0	0	194.13
194.14	07964 9TH STREET CLINIC	0	4	194.14
194.15	07965 ORTHO CLINIC	-90	3,203,751	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	194.16
194.17	07967 ELITE PERFORMANCE	0	1,701,301	194.17
194.18	07968 GAFM	0	416,045	194.18
194.19	07969 GAPC	0	538,240	194.19
194.20	07970 FHCF	0	65,625	194.20
194.21	07971 FAMILY H.C. FAIRBURY	0	475,760	194.21
194.22	07972 GIBSON HEALTH OF WATSEKA	0	366,796	194.22
194.23	07973 WEEKEND CLINIC AT GAH	0	158,349	194.23
194.24	07974 #3 CLINIC (DR. DELOST)	0	848,638	194.24
194.25	07975 GIBSON HEALTH OF MAHOMET	0	677,846	194.25
194.26	07976 DENTAL CLINIC	0	102,027	194.26
200.00	TOTAL (SUM OF LINES 118 through 199)	-7,873,864	91,189,452	200.00

RECLASSIFICATIONS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6
Date/Time Prepared:
2/26/2019 2:29 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - INTEREST RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	211,178	1.00
2.00	OB UNIT - BLDG & FIXT	1.01	0	91,982	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	341,480	3.00
4.00	RURAL HEALTH CLINIC	88.00	0	132,449	4.00
5.00	AMBULANCE SERVICES	95.00	0	8,195	5.00
6.00	MAHOMET SPECIALTY CLINIC	194.05	0	64,208	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,865	7.00
	TOTALS		0	871,357	
B - CAFETERIA					
1.00	CAFETERIA	11.00	292,337	285,467	1.00
	TOTALS		292,337	285,467	
C - OBSTETRICS					
1.00	NURSERY	43.00	285,086	49,465	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	108,116	18,759	2.00
	TOTALS		393,202	68,224	
D - SNF DIRECT CARE COST					
1.00	SKILLED NURSING FACILITY	44.00	29,350	2,473	1.00
	TOTALS		29,350	2,473	
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	1,926,210	1.00
2.00	OB UNIT - BLDG & FIXT	1.01	0	203,056	2.00
	TOTALS		0	2,129,266	
G - CAPITAL INSURANCE EXP					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	173,391	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	60,102	2.00
	TOTALS		0	233,493	
H - NUCLEAR MED & EKG TECH SALARY					
1.00	RADIOISOTOPE	56.00	89,874	0	1.00
2.00	ELECTROCARDIOLOGY	69.00	23,069	0	2.00
	TOTALS		112,943	0	
I - AMBULANCE BILLING & UTILITIES COST					
1.00	AMBULANCE SERVICES	95.00	0	64,296	1.00
	TOTALS		0	64,296	
J - PHYSICIAN COSTS					
1.00	ADULTS & PEDIATRICS	30.00	0	26,861	1.00
	TOTALS		0	26,861	
K - DIETARY EDUCATION					
1.00	DIETARY EDUCATION	73.04	0	71,352	1.00
	TOTALS		0	71,352	
L - PRACTITIONERS BENEFITS					
1.00	NURSING ADMINISTRATION	13.00	0	25,315	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	18,742	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	727	3.00
4.00	ANESTHESIOLOGY	53.00	0	242,021	4.00
5.00	PHYSICAL THERAPY	66.00	0	865	5.00
6.00	WOUND CARE	73.02	0	17,095	6.00
7.00	RURAL HEALTH CLINIC	88.00	0	838,630	7.00
	TOTALS		0	1,143,395	
M - OFFSITE UTILITIES					
1.00	OPERATION OF PLANT-OUTSIDE PROPERTY	7.01	0	222,860	1.00
	TOTALS		0	222,860	
N - ICU FLOAT TO A&P					
1.00	INTENSIVE CARE UNIT	31.00	28,586	0	1.00
	TOTALS		28,586	0	
O - OFFSITE BLDG DEPR					
1.00	B&F - FARMER CITY RURAL HEALTH CLINIC	1.04	0	16,375	1.00
2.00	B&F - HOOPESTON RURAL HEALTH CLINIC	1.05	0	85,765	2.00
3.00	B&F - FORREST RURAL HEALTH CLINIC	1.07	0	15,217	3.00
4.00	B&F - PAXTON RURAL HEALTH CLINIC	1.09	0	151,270	4.00
5.00	B&F - MAHOMET SPECIALTY CLINIC	1.10	0	43,567	5.00
6.00	B&F - POTOMAC RURAL HEALTH CLINIC	1.11	0	11,744	6.00
7.00	B&F - PAXTON WELLNESS CENTER	1.12	0	11,386	7.00

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6

Date/Time Prepared:
2/26/2019 2:29 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
8.00	B&F - PAXTON AMBULANCE STATION	1.14	0	6,247	8.00
9.00	B&F - AMBULANCE STAFF RESIDENCE	1.15	0	3,974	9.00
10.00	B&F - AMBULANCE BUILDING	1.16	0	20,865	10.00
11.00	B&F - # 10 DOCTOR'S PARK	1.17	0	79,557	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	10,836	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	12,317	16.00
17.00	B&F - HARMS HOUSE/IT	1.25	0	29,665	17.00
18.00	B&F - 9TH ST. EDUCATION HOUSE	1.26	0	20,267	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	54,443	21.00
22.00	B&F - ONARGA RHC	1.02	0	17,942	22.00
23.00	RURAL HEALTH CLINIC	88.00	0	2,731	23.00
24.00	FAMILY H.C. FAIRBURY	194.21	0	46,236	24.00
25.00	ELITE PERFORMANCE	194.17	0	2,747	25.00
26.00	FHCF	194.20	0	5,245	26.00
	TOTALS		0	680,435	
P - LAB SERVICES BILLED					
1.00	LABORATORY	60.00	0	12,664	1.00
	TOTALS		0	12,664	
Q - BWC VISITS RHC					
1.00	RURAL HEALTH CLINIC	88.00	170,996	12,924	1.00
	TOTALS		170,996	12,924	
500.00	Grand Total: Increases		1,027,414	5,825,985	500.00

RECLASSIFICATIONS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6

Date/Time Prepared:
2/26/2019 2:29 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - INTEREST RECLASS							
1.00	ALL OTHER ADMIN & GENERAL	5.02	0	871,357	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	871,357			
B - CAFETERIA							
1.00	DIETARY	10.00	292,337	285,467	0		1.00
TOTALS			292,337	285,467			
C - OBSTETRICS							
1.00	ADULTS & PEDIATRICS	30.00	393,202	68,224	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			393,202	68,224			
D - SNF DIRECT CARE COST							
1.00	OTHER LONG TERM CARE	46.00	29,350	2,473	0		1.00
TOTALS			29,350	2,473			
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	1,926,210	11		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	203,056	9		2.00
TOTALS			0	2,129,266			
G - CAPITAL INSURANCE EXP							
1.00	ALL OTHER ADMIN & GENERAL	5.02	0	233,493	12		1.00
2.00		0.00	0	0	12		2.00
TOTALS			0	233,493			
H - NUCLEAR MED & EKG TECH SALARY							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	89,874	0	0		1.00
2.00	RESPIRATORY THERAPY	65.00	23,069	0	0		2.00
TOTALS			112,943	0			
I - AMBULANCE BILLING & UTILITIES COST							
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.01	0	64,296	0		1.00
TOTALS			0	64,296			
J - PHYSICIAN COSTS							
1.00	ALL OTHER ADMIN & GENERAL	5.02	0	26,861	0		1.00
TOTALS			0	26,861			
K - DIETARY EDUCATION							
1.00	NURSING ADMINISTRATION	13.00	0	71,352	0		1.00
TOTALS			0	71,352			
L - PRACTITIONERS BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,143,395	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	1,143,395			
M - OFFSITE UTILITIES							
1.00	OPERATION OF PLANT	7.00	0	222,860	0		1.00
TOTALS			0	222,860			
N - ICU FLOAT TO A&P							
1.00	ADULTS & PEDIATRICS	30.00	28,586	0	0		1.00
TOTALS			28,586	0			
O - OFFSITE BLDG DEPR							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	680,435	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
14.00		0.00	0	0	9		14.00

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6
Date/Time Prepared:
2/26/2019 2:29 pm

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
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	9		21.00	
22.00		0.00	0	0	9		22.00	
23.00		0.00	0	0	9		23.00	
24.00		0.00	0	0	9		24.00	
25.00		0.00	0	0	9		25.00	
26.00		0.00	0	0	9		26.00	
TOTALS			0	680,435				
P - LAB SERVICES BILLED								
1.00	RURAL HEALTH CLINIC	88.00	0	12,664	0		1.00	
TOTALS			0	12,664				
Q - BWC VISITS RHC								
1.00	PSYCH CLINIC	194.04	170,996	12,924	0		1.00	
TOTALS			170,996	12,924				
500.00	Grand Total: Decreases		1,027,414	5,825,985			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-7
Part I
Date/Time Prepared:
2/26/2019 2:29 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,079,442	22,800	0	22,800	0	1.00
2.00	Land Improvements	1,838,439	145,130	0	145,130	0	2.00
3.00	Buildings and Fixtures	42,956,393	1,787,348	0	1,787,348	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	21,806,191	2,472,007	0	2,472,007	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	67,680,465	4,427,285	0	4,427,285	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	67,680,465	4,427,285	0	4,427,285	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,102,242	0				1.00
2.00	Land Improvements	1,983,569	0				2.00
3.00	Buildings and Fixtures	44,743,741	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	24,278,198	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	72,107,750	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	72,107,750	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-7
Part II
Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	3,601,805	0	0	0	0	1.00
1.01	OB UNIT - BLDG & FIXT	0	0	0	0	0	1.01
1.02	B&F - ONARGA RHC	0	0	0	0	0	1.02
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)	3,601,805	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	3,601,805	1.00			
1.01	OB UNIT - BLDG & FIXT	0	0	1.01			
1.02	B&F - ONARGA RHC	0	0	1.02			
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	3,601,805	3.00			

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-7
Part III
Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	47,829,552	0	47,829,552	0.663307	0	1.00
1.01	OB UNIT - BLDG & FIXT	0	0	0	0.000000	0	1.01
1.02	B&F - ONARGA RHC	0	0	0	0.000000	0	1.02
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	24,278,198	0	24,278,198	0.336693	0	2.00
3.00	Total (sum of lines 1-2)	72,107,750	0	72,107,750	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,658,412	0	1.00
1.01	OB UNIT - BLDG & FIXT	0	0	0	203,056	0	1.01
1.02	B&F - ONARGA RHC	0	0	0	17,942	0	1.02
1.04	B&F - FARMER CITY RURAL HEALTH CLINI	0	0	0	16,375	0	1.04
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	85,765	0	1.05
1.07	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	15,217	0	1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	151,270	0	1.09
1.10	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	43,567	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	11,386	0	1.12
1.14	B&F - PAXTON AMBULANCE STATION	0	0	0	6,247	0	1.14
1.15	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	3,974	0	1.15
1.16	B&F - AMBULANCE BUILDING	0	0	0	20,865	0	1.16
1.17	B&F - # 10 DOCTOR'S PARK	0	0	0	79,557	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	10,836	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	12,317	0	1.22
1.25	B&F - HARMS HOUSE/IT	0	0	0	29,665	0	1.25
1.26	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	20,267	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	3,423,752	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-7
Part III
Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital -Relat ed Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-1,736,997	173,391	0	-918	1,093,888	1.00
1.01	OB UNIT - BLDG & FIXT	82,415	0	0	0	285,471	1.01
1.02	B&F - ONARGA RHC	0	0	0	0	17,942	1.02
1.04	B&F - FARMER CITY RURAL HEALTH CLINI	0	0	0	0	16,375	1.04
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	0	85,765	1.05
1.07	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	0	15,217	1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	0	151,270	1.09
1.10	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	0	43,567	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	11,386	1.12
1.14	B&F - PAXTON AMBULANCE STATION	0	0	0	0	6,247	1.14
1.15	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	3,974	1.15
1.16	B&F - AMBULANCE BUILDING	0	0	0	0	20,865	1.16
1.17	B&F - # 10 DOCTOR'S PARK	0	0	0	0	79,557	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	10,836	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	12,317	1.22
1.25	B&F - HARMS HOUSE/IT	0	0	0	0	29,665	1.25
1.26	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	20,267	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	2,232,172	60,102	0	918	2,286,443	2.00
3.00	Total (sum of lines 1-2)	577,590	233,493	0	0	4,234,835	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8

Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01 Investment income - OB UNIT - BLDG & FIXT (chapter 2)			O OB UNIT - BLDG & FIXT	1.01	0	1.01
1.02 Investment income - B&F - ONARGA RHC (chapter 2)			O B&F - ONARGA RHC	1.02	0	1.02
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

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8

Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0	7.00
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	-2,256,654					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	RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
26.01 Depreciation - OB UNIT - BLDG & FIXT		0	OB UNIT - BLDG & FIXT		1.01	0	26.01
26.02 Depreciation - B&F - ONARGA RHC		0	OB&F - ONARGA RHC		1.02	0	26.02
26.04 Depreciation - B&F - FARMER CITY RURAL HEALTH CLINI		0	OB&F - FARMER CITY RURAL HEALTH CLINI		1.04	0	26.04
26.05 Depreciation - B&F - HOOPESTON RURAL HEALTH CLINI C		0	OB&F - HOOPESTON RURAL HEALTH CLINI C		1.05	0	26.05
26.07 Depreciation - B&F - FORREST RURAL HEALTH CLINI C		0	OB&F - FORREST RURAL HEALTH CLINI C		1.07	0	26.07
26.09 Depreciation - B&F - PAXTON RURAL HEALTH CLINI C		0	OB&F - PAXTON RURAL HEALTH CLINI C		1.09	0	26.09
26.10 Depreciation - B&F - MAHOMET SPECIALTY CLINI C		0	OB&F - MAHOMET SPECIALTY CLINI C		1.10	0	26.10
26.11 Depreciation - B&F - POTOMAC RURAL HEALTH CLINI C		0	OB&F - POTOMAC RURAL HEALTH CLINI C		1.11	0	26.11
26.12 Depreciation - B&F - PAXTON WELLNESS CENTER		0	OB&F - PAXTON WELLNESS CENTER		1.12	0	26.12
26.14 Depreciation - B&F - PAXTON AMBULANCE STATION		0	OB&F - PAXTON AMBULANCE STATION		1.14	0	26.14
26.15 Depreciation - B&F - AMBULANCE STAFF RESIDENCE		0	OB&F - AMBULANCE STAFF RESIDENCE		1.15	0	26.15

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8

Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			3.00	4.00		
1.00	2.00	3.00	4.00	5.00		
26.16 Depreciation - B&F - AMBULANCE BUILDING			OB&F - AMBULANCE BUILDING	1.16	0	26.16
26.17 Depreciation - B&F - # 10 DOCTOR'S PARK			OB&F - # 10 DOCTOR'S PARK	1.17	0	26.17
26.18 Depreciation - B&F - COSMETOLOGY OFFICE			OB&F - COSMETOLOGY OFFICE	1.18	0	26.18
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		O OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			O ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		O SPEECH 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	-4,315	ALL OTHER ADMIN & GENERAL	5.02	0	33.00
33.01 DR BARK DIRECTOR FEES	B	-70,665	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		O ANESTHESIOLOGY	53.00	0	33.03
33.04 SCHOOL NURSING INCOME	B	-82,370	ALL OTHER ADMIN & GENERAL	5.02	0	33.04
33.05 HOSPICE MISC REV	B	-11,135	ALL OTHER ADMIN & GENERAL	5.02	0	33.05
33.06 CAFE MISC REV	B	-103,780	CAFETERIA	11.00	0	33.06
33.07 LAUNDRY MISC REV	B	-101,599	LAUNDRY & LINEN SERVICE	8.00	0	33.07
33.08 MED RECORDS MISC REV	B	-6,301	MEDICAL RECORDS & LIBRARY	16.00	0	33.08
33.09 RENTAL INC - OPC	B	-59,902	CAP REL COSTS-BLDG & FIXT	1.00	9	33.09
33.10 INVEST INCOME - B&F	B	-21,965	CAP REL COSTS-BLDG & FIXT	1.00	11	33.10
33.11 INVEST INCOME - OB B&F	B	-9,567	OB UNIT - BLDG & FIXT	1.01	11	33.11
33.12 INVEST INCOME - MME	B	-35,518	CAP REL COSTS-MVBLE EQUIP	2.00	11	33.12
33.13 INVEST INCOME - A&G	B	-44,490	ALL OTHER ADMIN & GENERAL	5.02	0	33.13
33.14 INVEST INCOME - RAD	B	-2,274	RADIOLOGY-DIAGNOSTIC	54.00	0	33.14
33.15 INVEST INCOME - PAXTON	B	-6,629	RURAL HEALTH CLINIC	88.00	0	33.15
33.16 INVEST INCOME - ONARGA	B	-736	RURAL HEALTH CLINIC	88.00	0	33.16
33.17 INVEST INCOME - FORREST	B	-3,035	RURAL HEALTH CLINIC	88.00	0	33.17
33.18 INVEST INCOME - FARMER CITY	B	-1,147	RURAL HEALTH CLINIC	88.00	0	33.18
33.19 INVEST INCOME - RHC II	B	-2,230	RURAL HEALTH CLINIC	88.00	0	33.19
33.20 OTHER ADJUSTMENTS (SPECIFY) (3)		0	0	0.00	0	33.20
33.21 OTHER ADJUSTMENTS (SPECIFY) (3)		0	0	0.00	0	33.21
33.22 INTERNALLY ALLOCATED RENT EXP - RHC	A	-33,890	RURAL HEALTH CLINIC	88.00	0	33.22
33.23 INTERNALLY ALLOCATED RENT EXP - ORTH	A	-90	ORTHO CLINIC	194.15	0	33.23
33.24 INTERNALLY ALLOCATED RENT EXP - PO	A		O PHYSICIAN OFFICE	194.01	0	33.24

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		
33.25 INTERNALLY ALLOCATED RENT EXP - PC	A		OPLASTIC SURG & DR. CHUNG	194.02	0	33.25	
33.26 INTERNALLY ALLOCATED RENT EXP - CLIN	A		OPAIN CLINIC	194.07	0	33.26	
33.27 INTERNALLY ALLOCATED RENT EXP - MAHO	A		OMAHOMET SPECIALTY CLINIC	194.05	0	33.27	
33.28 INTERNALLY ALLOCATED RENT EXP - CARD	A		OGAH CARDIOLOGY	194.09	0	33.28	
33.29 INTERNALLY ALLOCATED RENT EXP - PODI	A		OPODIATRY	194.13	0	33.29	
33.30 LOBBYING DUES	A	-21,392	ALL OTHER ADMIN & GENERAL	5.02	0	33.30	
33.31 STATE PROVIDER TAX EXP	A	-299,526	ALL OTHER ADMIN & GENERAL	5.02	0	33.31	
33.32 OP STATE PROVIDER TAX EXP	A	-672,879	ALL OTHER ADMIN & GENERAL	5.02	0	33.32	
33.33 CRNA SALARIES	A	-1,948,709	ANESTHESIOLOGY	53.00	0	33.33	
33.34 CRNA BENEFITS	A	-150,656	ANESTHESIOLOGY	53.00	0	33.34	
33.35 PUBLIC RELATIONS OFFSET	A	-640,874	ALL OTHER ADMIN & GENERAL	5.02	0	33.35	
33.36 GIBSON PHO EXP	A		OALL OTHER ADMIN & GENERAL	5.02	0	33.36	
33.37 MISC DONATIONS (COMM ED)	A	-396,830	ALL OTHER ADMIN & GENERAL	5.02	0	33.37	
33.38 PT B PHYSICIAN BENEFITS	A	-613,578	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.38	
33.39 RHC DRS HOSP VISIT	A	-182,390	RURAL HEALTH CLINIC	88.00	0	33.39	
33.40 PHYSICIAN RECRUITMENT	A	-75,989	ALL OTHER ADMIN & GENERAL	5.02	0	33.40	
33.41 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.41	
33.42 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.42	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-7,873,864				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 10/01/2017
To 09/30/2018

Worksheet A-8-2
Date/Time Prepared:
2/26/2019 2:29 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	69.00	ELECTROCARDIOLOGY	37,890	37,890	0	0	0	1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	653,900	653,900	0	0	0	2.00
3.00	91.00	EMERGENCY	1,451,458	610,739	840,719	0	0	3.00
4.00	91.00	EMERGENCY	587,320	587,320	0	0	0	4.00
5.00	60.00	LABORATORY	3,300	3,300	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	60,466	60,466	0	0	0	6.00
7.00	90.01	GERI PSYCH CLINIC	31,860	31,860	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	30,000	30,000	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	89,832	89,832	0	0	0	9.00
10.00	31.00	INTENSIVE CARE UNIT	3,702	3,702	0	0	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	3,300	3,300	0	0	0	11.00
12.00	60.00	LABORATORY	144,345	144,345	0	0	0	12.00
200.00			3,097,373	2,256,654	840,719	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	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
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	11.00
12.00	60.00	LABORATORY	0	0	0	0	0	12.00
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	37,890		1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	653,900		2.00
3.00	91.00	EMERGENCY	0	0	0	610,739		3.00
4.00	91.00	EMERGENCY	0	0	0	587,320		4.00
5.00	60.00	LABORATORY	0	0	0	3,300		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	60,466		6.00
7.00	90.01	GERI PSYCH CLINIC	0	0	0	31,860		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	30,000		8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	89,832		9.00
10.00	31.00	INTENSIVE CARE UNIT	0	0	0	3,702		10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	3,300		11.00
12.00	60.00	LABORATORY	0	0	0	144,345		12.00
200.00			0	0	0	2,256,654		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	OB UNIT - BLDG & FIXT	B&F - ONARGA RHC	B&F - FARMER CITY RURAL HEALTH CLINI	
		0	1.00	1.01	1.02	1.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,093,888	1,093,888			1.00
1.01	00101	OB UNIT - BLDG & FIXT	285,471	0	285,471		1.01
1.02	00102	B&F - ONARGA RHC	17,942	0	0	17,942	1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI	16,375	0	0	0	1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC	85,765	0	0	0	1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC	15,217	0	0	0	1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	151,270	0	0	0	1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	43,567	0	0	0	1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	11,744	0	0	0	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	11,386	0	0	0	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	6,247	0	0	0	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	3,974	0	0	0	1.15
1.16	00116	B&F - AMBULANCE BUILDING	20,865	0	0	0	1.16
1.17	00117	B&F - # 10 DOCTOR' S PARK	79,557	0	0	0	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	6,836	0	0	0	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	3,554	0	0	0	1.19
1.20	00120	B&F - #7 DOCTOR' S PARK	10,836	0	0	0	1.20
1.21	00121	B&F - #4 DOCTOR' S PARK	1,470	0	0	0	1.21
1.22	00122	B&F - #8 DOCTOR' S PARK	12,317	0	0	0	1.22
1.25	00125	B&F - HARMS HOUSE/IT	29,665	0	0	0	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	20,267	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	7,301	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	12,878	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,286,443				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,701,232	10,838	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,995,817	6,068	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	9,243,436	260,159	8,930	0	5.02
7.00	00700	OPERATION OF PLANT	1,525,507	118,149	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	391,382	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	221,021	21,930	0	0	8.00
9.00	00900	HOUSEKEEPING	542,070	6,001	2,348	0	9.00
10.00	01000	DIETARY	454,384	23,872	0	0	10.00
11.00	01100	CAFETERIA	474,024	11,714	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	722,232	1,520	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	288,363	0	0	0	14.00
15.00	01500	PHARMACY	950,515	11,880	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	420,066	11,492	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,057,591	46,135	185,994	0	30.00
31.00	03100	INTENSIVE CARE UNIT	41,267	9,839	0	0	31.00
43.00	04300	NURSERY	334,551	0	17,889	0	43.00
44.00	04400	SKILLED NURSING FACILITY	31,823	7,088	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	1,724,665	133,690	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,782,007	150,573	12,786	0	50.00
51.00	05100	RECOVERY ROOM	360,668	17,105	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	126,875	0	55,726	0	52.00
53.00	05300	ANESTHESIOLOGY	198,954	987	1,798	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,808,025	82,707	0	0	54.00
56.00	05600	RADIOISOTOPE	195,089	3,605	0	0	56.00
60.00	06000	LABORATORY	2,057,563	21,254	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	86,570	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	506,502	12,202	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,481,713	3,760	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	251,108	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	62,610	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	26,183	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,350,869	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,586,506	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,066,276	0	0	0	73.00
73.01	07301	CARDIAC REHAB	73,316	9,107	0	0	73.01
73.02	07302	WOUND CARE	441,314	12,768	0	0	73.02
73.03	07303	SLEEP LAB	228,558	7,953	0	0	73.03
73.04	03950	DIETARY EDUCATION	71,352	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	12,382,532	1,620	0	17,942	88.00
90.00	09000	CLINIC	274,046	25,369	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	OB UNIT - BLDG & FIXT	B&F - ONARGA RHC	B&F - FARMER CITY RURAL HEALTH CLINI	
			0	1.00	1.01	1.02	1.04	
90.01	09001	GERI PSYCH CLINIC	496,811	0	0	0	0	90.01
91.00	09100	EMERGENCY	2,285,841	58,902	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,014,697	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		76,570,766	1,088,287	285,471	17,942	16,375	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,150	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	293,409	2,451	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	803,530	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	1,130,648	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	143,370	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	1,638,488	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	570,280	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	170,907	0	0	0	0	194.07
194.08	07958	340B PHARMACY	413,968	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	468,281	0	0	0	0	194.09
194.10	07960	WIC	134,831	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	260,224	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	36,368	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	4	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	3,203,751	0	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	1,701,301	0	0	0	0	194.17
194.18	07968	GAFM	416,045	0	0	0	0	194.18
194.19	07969	GAPC	538,240	0	0	0	0	194.19
194.20	07970	FHCF	65,625	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	475,760	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	366,796	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	158,349	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	848,638	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	677,846	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	102,027	0	0	0	0	194.26
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)		91,189,452	1,093,888	285,471	17,942	16,375	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		CAPITAL RELATED COSTS						
		B&F - HOOPESTON RURAL HEALTH CLINIC	B&F - FORREST RURAL HEALTH CLINIC	B&F - PAXTON RURAL HEALTH CLINIC	B&F - MAHOMET SPECIALTY CLINIC	B&F - POTOMAC RURAL HEALTH CLINIC		
		1.05	1.07	1.09	1.10	1.11		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC	85,765					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC	0	15,217				1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	0	0	151,270			1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	43,567		1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	0	11,744	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	0	0	0	0	0	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	0	0	0	0	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	0	1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	0	0	0	0	1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	0	0	0	0	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	0	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	0	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	0	1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	0	1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	0	1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	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	85,765	15,217	151,270	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - HOOPESTON RURAL HEALTH CLINIC	B&F - FORREST RURAL HEALTH CLINIC	B&F - PAXTON RURAL HEALTH CLINIC	B&F - MAHOMET SPECIALTY CLINIC	B&F - POTOMAC RURAL HEALTH CLINIC	
			1.05	1.07	1.09	1.10	1.11	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	85,765	15,217	151,270	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	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	43,567	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	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	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
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
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)	85,765	15,217	151,270	43,567	11,744	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		CAPITAL RELATED COSTS						
		B&F - PAXTON WELLNESS CENTER	B&F - PAXTON AMBULANCE STATION	B&F - AMBULANCE STAFF RESIDENCE	B&F - AMBULANCE BUILDING	B&F - # 10 DOCTOR'S PARK		
		1. 12	1. 14	1. 15	1. 16	1. 17		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
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	11,386					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	6,247				1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	0	3,974			1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	0	0	20,865		1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	0	0	0	79,557	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	0	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	0	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	0	1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	0	1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	0	1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	17,329	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	73	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	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	49,316	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		CAPITAL RELATED COSTS						
		B&F - PAXTON WELLNESS CENTER	B&F - PAXTON AMBULANCE STATION	B&F - AMBULANCE STAFF RESIDENCE	B&F - AMBULANCE BUILDING	B&F - # 10 DOCTOR'S PARK		
		1. 12	1. 14	1. 15	1. 16	1. 17		
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	0	4,165	3,974	20,865	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,165	3,974	20,865	66,718	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	11,386	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	12,839	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	2,082	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
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
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)	11,386	6,247	3,974	20,865	79,557	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		CAPITAL RELATED COSTS					
		B&F - COSMETOLOGY OFFICE	B&F - ANESTHESIA HOUSE	B&F - #7 DOCTOR'S PARK	B&F - #4 DOCTOR'S PARK	B&F - #8 DOCTOR'S PARK	
		1.18	1.19	1.20	1.21	1.22	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.02	00102	B&F - ONARGA RHC					1.02
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	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	0	10,836		1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	1,470	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	691	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	2,863	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	0	10,836	0	88.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	1,470	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		CAPITAL RELATED COSTS						
		B&F - COSMETOLOGY OFFICE	B&F - ANESTHESIA HOUSE	B&F - #7 DOCTOR'S PARK	B&F - #4 DOCTOR'S PARK	B&F - #8 DOCTOR'S PARK		
		1.18	1.19	1.20	1.21	1.22		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,554	10,836	1,470	12,317	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	6,836	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
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
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)	6,836	3,554	10,836	1,470	12,317	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		CAPITAL RELATED COSTS					
		B&F - HARMS HOUSE/IT	B&F - 9TH ST. EDUCATION HOUSE	B&F - FALCON POINT RESIDENCE	B&F - 2012 NEW STORAGE SHED	MVBLE EQUIP	
		1.25	1.26	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
1.02	00102	B&F - ONARGA RHC					1.02
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	29,665				1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	20,267			1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	7,301		1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	12,878	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2,286,443
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	6,647
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	1,161
5.02	00591	ALL OTHER ADMIN & GENERAL	29,665	20,267	0	12,878	950,964
7.00	00700	OPERATION OF PLANT	0	0	0	0	3,929
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	10,120
9.00	00900	HOUSEKEEPING	0	0	0	0	0
10.00	01000	DIETARY	0	0	0	0	1,485
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	38
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	24,083
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	2,881
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	29,074
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	115,850
51.00	05100	RECOVERY ROOM	0	0	0	0	182
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	11,203
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	600,519
56.00	05600	RADIOISOTOPE	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	73,399
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	17,434
66.00	06600	PHYSICAL THERAPY	0	0	0	0	19,888
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	5,725
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	12,046
73.02	07302	WOUND CARE	0	0	0	0	11,494
73.03	07303	SLEEP LAB	0	0	0	0	6,466
73.04	03950	DIETARY EDUCATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	84,812
90.00	09000	CLINIC	0	0	0	0	2,930
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	38,601

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		CAPITAL RELATED COSTS						
		B&F - HARMS HOUSE/IT	B&F - 9TH ST. EDUCATION HOUSE	B&F - FALCON POINT RESIDENCE	B&F - 2012 NEW STORAGE SHED	MVBLE EQUIP		
		1.25	1.26	1.27	1.28	2.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	114,503	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,665	20,267	0	12,878	2,145,434	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	7,301	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	60,738	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	6,683	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	19,935	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	8,212	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	8,108	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	37,333	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
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)	29,665	20,267	7,301	12,878	2,286,443	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	ALL OTHER ADMIN & GENERAL	
			4.00	4A	5.01	5A.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,718,717					4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	720,094	3,723,140	3,723,140			5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	1,837,436	12,381,755	0	12,381,755	12,381,755	5.02
7.00	00700	OPERATION OF PLANT	242,275	1,889,860	0	1,889,860	296,923	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	15,468	406,850	0	406,850	63,922	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	93,381	346,452	0	346,452	54,432	8.00
9.00	00900	HOUSEKEEPING	158,177	708,669	0	708,669	111,342	9.00
10.00	01000	DIETARY	87,025	566,766	0	566,766	89,047	10.00
11.00	01100	CAFETERIA	110,662	596,400	0	596,400	93,703	11.00
13.00	01300	NURSING ADMINISTRATION	217,078	940,830	0	940,830	147,818	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	288,363	0	288,363	45,306	14.00
15.00	01500	PHARMACY	234,438	1,196,833	0	1,196,833	188,039	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	105,806	537,402	0	537,402	84,433	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,027,193	4,340,996	370,250	4,711,246	740,203	30.00
31.00	03100	INTENSIVE CARE UNIT	8,988	62,975	5,371	68,346	10,738	31.00
43.00	04300	NURSERY	107,918	460,358	39,266	499,624	78,498	43.00
44.00	04400	SKILLED NURSING FACILITY	11,110	50,021	0	50,021	7,859	44.00
46.00	04600	OTHER LONG TERM CARE	602,132	2,489,561	0	2,489,561	391,145	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	752,457	3,813,673	325,283	4,138,956	650,288	50.00
51.00	05100	RECOVERY ROOM	126,896	504,851	43,061	547,912	86,085	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	40,927	223,528	19,066	242,594	38,115	52.00
53.00	05300	ANESTHESIOLOGY	0	215,805	18,407	234,212	36,798	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	603,036	4,094,287	349,218	4,443,505	698,137	54.00
56.00	05600	RADIOISOTOPE	34,021	232,715	19,849	252,564	39,681	56.00
60.00	06000	LABORATORY	364,949	2,517,165	214,699	2,731,864	429,214	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	86,570	7,384	93,954	14,761	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	154,846	690,984	58,937	749,921	117,823	65.00
66.00	06600	PHYSICAL THERAPY	513,971	2,068,648	176,443	2,245,091	352,735	66.00
67.00	06700	OCCUPATIONAL THERAPY	94,480	345,588	29,477	375,065	58,928	67.00
68.00	06800	SPEECH PATHOLOGY	14	62,624	5,341	67,965	10,678	68.00
69.00	06900	ELECTROCARDIOLOGY	8,733	40,641	3,466	44,107	6,930	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,350,869	115,221	1,466,090	230,343	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,586,506	305,907	3,892,413	611,553	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,066,276	176,241	2,242,517	352,331	73.00
73.01	07301	CARDIAC REHAB	27,203	121,672	10,378	132,050	20,747	73.01
73.02	07302	WOUND CARE	77,253	542,829	46,300	589,129	92,560	73.02
73.03	07303	SLEEP LAB	32,073	275,050	23,460	298,510	46,900	73.03
73.04	03950	DIETARY EDUCATION	0	71,352	6,086	77,438	12,167	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	1,234,636	14,013,322	0	14,013,322	2,201,653	88.00
90.00	09000	CLINIC	85,499	387,844	33,081	420,925	66,133	90.00
90.01	09001	GERI PSYCH CLINIC	80,087	578,368	49,331	627,699	98,620	90.01
91.00	09100	EMERGENCY	508,748	2,892,092	246,678	3,138,770	493,145	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		0		92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	ALL OTHER ADMIN & GENERAL		
		4.00	4A	5.01	5A.01	5.02		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	647,484	2,805,688	0	2,805,688	440,813	95.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		10,966,494	74,576,178	2,698,201	73,551,239	9,610,546	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,150	0	3,150	495	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	32,506	328,366	0	328,366	51,591	192.02
194.00	07950	FALCON POINT RENTAL	0	7,301	623	7,924	1,245	194.00
194.01	07951	PHYSICIAN OFFICE	36,674	900,942	76,845	977,787	153,624	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	52,319	1,189,803	0	1,189,803	186,935	194.02
194.03	07953	WELLNESS CENTER	49,500	204,256	0	204,256	32,091	194.03
194.04	07954	PSYCH CLINIC	297,057	1,935,545	165,090	2,100,635	330,039	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	16,850	630,697	53,795	684,492	107,543	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	55,573	226,480	19,317	245,797	38,618	194.07
194.08	07958	340B PHARMACY	0	413,968	0	413,968	65,040	194.08
194.09	07959	GAH CARDIOLOGY	40,706	515,670	43,984	559,654	87,929	194.09
194.10	07960	WIC	48,093	182,924	0	182,924	28,740	194.10
194.11	07961	PULMONARY CLINIC	5,130	265,354	22,633	287,987	45,247	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	6,456	54,568	4,654	59,222	9,305	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	4	0	4	1	194.14
194.15	07965	ORTHO CLINIC	186,363	3,422,888	291,952	3,714,840	583,653	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	562,647	2,274,242	0	2,274,242	357,315	194.17
194.18	07968	GAFM	43,523	459,568	39,198	498,766	78,363	194.18
194.19	07969	GAPC	38,804	577,044	49,218	626,262	98,395	194.19
194.20	07970	FHCF	15,004	80,629	6,877	87,506	13,748	194.20
194.21	07971	FAMILY H.C. FAIRBURY	53,759	529,519	45,165	574,684	90,291	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	40,230	415,134	35,408	450,542	70,786	194.22
194.23	07973	WEEKEND CLINIC AT GAH	24,712	183,061	15,614	198,675	31,215	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	48,806	934,777	79,731	1,014,508	159,393	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	81,556	759,402	64,772	824,174	129,489	194.25
194.26	07976	DENTAL CLINIC	15,955	117,982	10,063	128,045	20,118	194.26
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)		12,718,717	91,189,452	3,723,140	91,189,452	12,381,755	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-1317		Period: From 10/01/2017 To 09/30/2018		Worksheet B Part I Date/Time Prepared: 2/26/2019 2:29 pm	
Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT-OUTSIDE PROPERTY	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			7.00	7.01	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
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	2,186,783					7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	470,772				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	59,612	0	460,496			8.00
9.00	00900	HOUSEKEEPING	18,755	52	85,247	924,065		9.00
10.00	01000	DIETARY	64,889	0	12,927	15,475	749,104	10.00
11.00	01100	CAFETERIA	31,842	0	15,956	7,594	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,131	0	0	985	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	32,294	0	0	7,702	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	31,238	0	0	7,450	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	318,837	0	88,395	76,038	127,298	30.00
31.00	03100	INTENSIVE CARE UNIT	26,746	0	0	6,378	577	31.00
43.00	04300	NURSERY	18,604	0	1,418	4,437	0	43.00
44.00	04400	SKILLED NURSING FACILITY	19,268	0	21,803	4,595	11,255	44.00
46.00	04600	OTHER LONG TERM CARE	363,403	0	125,399	86,666	609,974	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	422,595	0	41,774	100,782	0	50.00
51.00	05100	RECOVERY ROOM	46,496	0	0	11,089	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	57,954	0	3,008	13,821	0	52.00
53.00	05300	ANESTHESIOLOGY	4,553	6,399	0	12,520	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	224,820	0	13,765	53,616	0	54.00
56.00	05600	RADIOISOTOPE	9,800	0	0	2,337	0	56.00
60.00	06000	LABORATORY	57,773	0	0	13,778	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	33,168	0	0	7,910	0	65.00
66.00	06600	PHYSICAL THERAPY	10,222	35,276	25,572	65,467	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	24,756	0	0	5,904	0	73.01
73.02	07302	WOUND CARE	34,706	0	0	8,277	0	73.02
73.03	07303	SLEEP LAB	21,620	0	0	5,156	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	4,402	233,568	0	121,885	0	88.00
90.00	09000	CLINIC	68,960	0	0	16,446	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	16,227	0	28,994	0	90.01
91.00	09100	EMERGENCY	160,112	0	25,232	38,184	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT-OUTSIDE PROPERTY	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.00	7.01	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	34,507	0	40,083	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,171,556	326,029	460,496	763,569	749,104	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,563	0	0	2,042	0	190.00
192.01	19201 GAH - MSO	0	0	0	0	0	192.01
192.02	19202 GAH FOUNDATION	6,664	0	0	1,589	0	192.02
194.00	07950 FALCON POINT RENTAL	0	15,096	0	0	0	194.00
194.01	07951 PHYSICIAN OFFICE	0	8,114	0	14,497	0	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	0	6,254	0	11,175	0	194.02
194.03	07953 WELLNESS CENTER	0	28,172	0	0	0	194.03
194.04	07954 PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	0	8,572	0	15,317	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	18,883	0	20,077	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	9,184	0	16,410	0	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967 ELITE PERFORMANCE	0	50,468	0	79,389	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
194.26	07976 DENTAL CLINIC	0	0	0	0	0	194.26
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)	2,186,783	470,772	460,496	924,065	749,104	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-1317		Period: From 10/01/2017 To 09/30/2018		Worksheet B Part I Date/Time Prepared: 2/26/2019 2:29 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
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	745,495					11.00
13.00	01300	NURSING ADMINISTRATION	21,301	1,115,065				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	333,669			14.00
15.00	01500	PHARMACY	21,394	0	1,073	1,447,335		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	54	0	660,577	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	137,384	330,174	4,683	4,937	111,735	30.00
31.00	03100	INTENSIVE CARE UNIT	1,395	3,321	0	0	298	31.00
43.00	04300	NURSERY	12,464	29,956	0	0	3,075	43.00
44.00	04400	SKILLED NURSING FACILITY	1,860	4,489	0	0	979	44.00
46.00	04600	OTHER LONG TERM CARE	101,202	243,242	1,469	654	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	90,288	216,947	15,440	9,452	68,408	50.00
51.00	05100	RECOVERY ROOM	15,627	37,522	397	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,713	11,360	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	20,991	0	548	5,063	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,026	0	572	3,503	234,601	54.00
56.00	05600	RADIOISOTOPE	12,340	0	63	105	0	56.00
60.00	06000	LABORATORY	64,646	0	1,882	207	121,134	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	21,828	52,456	57	132	1,978	65.00
66.00	06600	PHYSICAL THERAPY	66,507	0	220	784	19,339	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,806	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,488	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	114,290	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	182,086	73,521	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,235,096	0	73.00
73.01	07301	CARDIAC REHAB	5,705	13,745	21	47	317	73.01
73.02	07302	WOUND CARE	9,674	23,224	249	903	3,492	73.02
73.03	07303	SLEEP LAB	4,899	11,747	11	0	13,598	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	3,609	51,159	0	88.00
90.00	09000	CLINIC	13,921	33,452	663	201	6,065	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	18	0	245	90.01
91.00	09100	EMERGENCY	43,036	103,430	2,346	805	75,002	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part I Date/Time Prepared: 2/26/2019 2:29 pm
---	--	-----------------------	---	---

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
1.02	00102				1.02
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				14.00
15.00	01500				15.00
16.00	01600				16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	6,650,930	-164,953	6,485,977	30.00
31.00	03100	117,799	0	117,799	31.00
43.00	04300	648,076	0	648,076	43.00
44.00	04400	122,129	0	122,129	44.00
46.00	04600	4,412,715	0	4,412,715	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	5,754,930	0	5,754,930	50.00
51.00	05100	745,128	0	745,128	51.00
52.00	05200	371,565	0	371,565	52.00
53.00	05300	321,084	0	321,084	53.00
54.00	05400	5,736,545	0	5,736,545	54.00
56.00	05600	316,890	0	316,890	56.00
60.00	06000	3,420,498	0	3,420,498	60.00
63.00	06300	108,715	0	108,715	63.00
64.00	06400	0	164,953	164,953	64.00
65.00	06500	985,273	0	985,273	65.00
66.00	06600	2,821,213	0	2,821,213	66.00
67.00	06700	442,799	0	442,799	67.00
68.00	06800	78,643	0	78,643	68.00
69.00	06900	52,525	0	52,525	69.00
71.00	07100	1,810,723	0	1,810,723	71.00
72.00	07200	4,759,573	0	4,759,573	72.00
73.00	07300	3,829,944	0	3,829,944	73.00
73.01	07301	203,292	0	203,292	73.01
73.02	07302	762,214	0	762,214	73.02
73.03	07303	402,441	0	402,441	73.03
73.04	03950	89,605	0	89,605	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	16,629,598	0	16,629,598	88.00
90.00	09000	626,766	0	626,766	90.00
90.01	09001	771,803	0	771,803	90.01
91.00	09100	4,080,062	0	4,080,062	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	24.00	25.00	26.00	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	3,327,599	0	3,327,599	95.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	70,401,077	0	70,401,077	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,250	0	14,250	190.00
192.01	19201 GAH - MSO	3	0	3	192.01
192.02	19202 GAH FOUNDATION	388,214	0	388,214	192.02
194.00	07950 FALCON POINT RENTAL	24,265	0	24,265	194.00
194.01	07951 PHYSICIAN OFFICE	1,154,147	0	1,154,147	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	1,403,092	0	1,403,092	194.02
194.03	07953 WELLNESS CENTER	264,578	0	264,578	194.03
194.04	07954 PSYCH CLINIC	2,430,937	0	2,430,937	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	822,412	0	822,412	194.05
194.06	07956 LASER CLINIC	0	0	0	194.06
194.07	07957 PAIN CLINIC	284,415	0	284,415	194.07
194.08	07958 340B PHARMACY	479,008	0	479,008	194.08
194.09	07959 GAH CARDIOLOGY	647,610	0	647,610	194.09
194.10	07960 WIC	211,670	0	211,670	194.10
194.11	07961 PULMONARY CLINIC	333,296	0	333,296	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	107,505	0	107,505	194.12
194.13	07963 PODIATRY	0	0	0	194.13
194.14	07964 9TH STREET CLINIC	5	0	5	194.14
194.15	07965 ORTHO CLINIC	4,352,161	0	4,352,161	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	0	194.16
194.17	07967 ELITE PERFORMANCE	2,762,266	0	2,762,266	194.17
194.18	07968 GAFM	578,605	0	578,605	194.18
194.19	07969 GAPC	728,323	0	728,323	194.19
194.20	07970 FHCF	102,560	0	102,560	194.20
194.21	07971 FAMILY H.C. FAIRBURY	665,300	0	665,300	194.21
194.22	07972 GIBSON HEALTH OF WATSEKA	523,513	0	523,513	194.22
194.23	07973 WEEKEND CLINIC AT GAH	231,098	0	231,098	194.23
194.24	07974 #3 CLINIC (DR. DELOST)	1,177,160	0	1,177,160	194.24
194.25	07975 GIBSON HEALTH OF MAHOMET	953,734	0	953,734	194.25
194.26	07976 DENTAL CLINIC	148,248	0	148,248	194.26
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	91,189,452	0	91,189,452	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/26/2019 2:29 pm
-------------------------------------	--	-----------------------	---	--

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	OB UNIT - BLDG & FIXT	B&F - ONARGA RHC	B&F - FARMER CITY RURAL HEALTH CLINI	
			0	1.00	1.01	1.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.02	00102	B&F - ONARGA RHC					1.02
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	10,838	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	6,068	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	260,159	8,930	0	5.02
7.00	00700	OPERATION OF PLANT	0	118,149	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	21,930	0	0	8.00
9.00	00900	HOUSEKEEPING	0	6,001	2,348	0	9.00
10.00	01000	DIETARY	0	23,872	0	0	10.00
11.00	01100	CAFETERIA	0	11,714	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,520	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	11,880	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,492	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	46,135	185,994	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,839	0	0	31.00
43.00	04300	NURSERY	0	0	17,889	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	7,088	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	133,690	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	150,573	12,786	0	50.00
51.00	05100	RECOVERY ROOM	0	17,105	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	55,726	0	52.00
53.00	05300	ANESTHESIOLOGY	0	987	1,798	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	82,707	0	0	54.00
56.00	05600	RADIOISOTOPE	0	3,605	0	0	56.00
60.00	06000	LABORATORY	0	21,254	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	12,202	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,760	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	9,107	0	0	73.01
73.02	07302	WOUND CARE	0	12,768	0	0	73.02
73.03	07303	SLEEP LAB	0	7,953	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	1,620	0	17,942	88.00
90.00	09000	CLINIC	0	25,369	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part II
Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
		BLDG & FIXT	OB UNIT - BLDG & FIXT	B&F - ONARGA RHC	B&F - FARMER CITY RURAL HEALTH CLINI		
		1.00	1.01	1.02	1.04		
91.00 09100 EMERGENCY	0	58,902	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	1,088,287	285,471	17,942	16,375	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,150	0	0	0	190.00	
192.01 19201 GAH - MSO	0	0	0	0	0	192.01	
192.02 19202 GAH FOUNDATION	0	2,451	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	
194.26 07976 DENTAL CLINIC	0	0	0	0	0	194.26	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers					201.00	
202.00	TOTAL (sum lines 118 through 201)	0	1,093,888	285,471	17,942	16,375	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/26/2019 2:29 pm
-------------------------------------	-----------------------	---	--

Cost Center Description		CAPITAL RELATED COSTS						
		B&F - HOOPESTON RURAL HEALTH CLINIC	B&F - FORREST RURAL HEALTH CLINIC	B&F - PAXTON RURAL HEALTH CLINIC	B&F - MAHOMET SPECIALTY CLINIC	B&F - POTOMAC RURAL HEALTH CLINIC		
		1.05	1.07	1.09	1.10	1.11		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
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	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	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	85,765	15,217	151,270	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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part II
Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		CAPITAL RELATED COSTS						
		B&F - HOOPESTON RURAL HEALTH CLINIC	B&F - FORREST RURAL HEALTH CLINIC	B&F - PAXTON RURAL HEALTH CLINIC	B&F - MAHOMET SPECIALTY CLINIC	B&F - POTOMAC RURAL HEALTH CLINIC		
		1.05	1.07	1.09	1.10	1.11		
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	85,765	15,217	151,270	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	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	43,567	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	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	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
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
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)	85,765	15,217	151,270	43,567	11,744	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/26/2019 2:29 pm
-------------------------------------	-----------------------	---	--

Cost Center Description		CAPITAL RELATED COSTS						
		B&F - PAXTON WELLNESS CENTER	B&F - PAXTON AMBULANCE STATION	B&F - AMBULANCE STAFF RESIDENCE	B&F - AMBULANCE BUILDING	B&F - # 10 DOCTOR'S PARK		
		1. 12	1. 14	1. 15	1. 16	1. 17		
GENERAL SERVICE COST CENTERS								
1. 00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1. 01	00101	OB UNIT - BLDG & FIXT						1.01
1. 02	00102	B&F - ONARGA RHC						1.02
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	0	4.00
5. 01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5. 02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	17,329	5.02
7. 00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7. 01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8. 00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9. 00	00900	HOUSEKEEPING	0	0	0	0	73	9.00
10. 00	01000	DIETARY	0	0	0	0	0	10.00
11. 00	01100	CAFETERIA	0	0	0	0	0	11.00
13. 00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14. 00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15. 00	01500	PHARMACY	0	0	0	0	0	15.00
16. 00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30. 00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31. 00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43. 00	04300	NURSERY	0	0	0	0	0	43.00
44. 00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46. 00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50. 00	05000	OPERATING ROOM	0	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	49,316	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

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/26/2019 2:29 pm
-------------------------------------	--	-----------------------	---	--

Cost Center Description		CAPITAL RELATED COSTS						
		B&F - PAXTON WELLNESS CENTER	B&F - PAXTON AMBULANCE STATION	B&F - AMBULANCE STAFF RESIDENCE	B&F - AMBULANCE BUILDING	B&F - # 10 DOCTOR'S PARK		
		1. 12	1. 14	1. 15	1. 16	1. 17		
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	0	4,165	3,974	20,865	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,165	3,974	20,865	66,718	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	11,386	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	12,839	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	2,082	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
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
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)	11,386	6,247	3,974	20,865	79,557	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part II
Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		CAPITAL RELATED COSTS					
		B&F - COSMETOLOGY OFFICE	B&F - ANESTHESIA HOUSE	B&F - #7 DOCTOR' S PARK	B&F - #4 DOCTOR' S PARK	B&F - #8 DOCTOR' S PARK	
		1. 18	1. 19	1. 20	1. 21	1. 22	
GENERAL SERVICE COST CENTERS							
1. 00	00100	CAP REL COSTS-BLDG & FIXT					1. 00
1. 01	00101	OB UNIT - BLDG & FIXT					1. 01
1. 02	00102	B&F - ONARGA RHC					1. 02
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	691	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	2, 863	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	0	10, 836	0	12, 317
90. 00	09000	CLINIC	0	0	0	0	90. 00
90. 01	09001	GERI PSYCH CLINIC	0	0	0	1, 470	90. 01
91. 00	09100	EMERGENCY	0	0	0	0	91. 00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/26/2019 2:29 pm
-------------------------------------	--	-----------------------	---	--

Cost Center Description		CAPITAL RELATED COSTS						
		B&F - COSMETOLOGY OFFICE	B&F - ANESTHESIA HOUSE	B&F - #7 DOCTOR'S PARK	B&F - #4 DOCTOR'S PARK	B&F - #8 DOCTOR'S PARK		
		1.18	1.19	1.20	1.21	1.22		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,554	10,836	1,470	12,317	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	6,836	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
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
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)	6,836	3,554	10,836	1,470	12,317	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/26/2019 2:29 pm
-------------------------------------	-----------------------	---	--

Cost Center Description		CAPITAL RELATED COSTS					
		B&F - HARMS HOUSE/I T	B&F - 9TH ST. EDUCATI ON HOUSE	B&F - FALCON POI NT RESIDENCE	B&F - 2012 NEW STORAGE SHED	MVBLE EQUIP	
		1.25	1.26	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
1.02	00102	B&F - ONARGA RHC					1.02
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 BUI LDI NG					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/I T					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	6,647 4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	1,161 5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	29,665	20,267	0	12,878	950,964 5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	3,929 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	0	10,120 8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0 9.00
10.00	01000	DIETARY	0	0	0	0	1,485 10.00
11.00	01100	CAFETERIA	0	0	0	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0 14.00
15.00	01500	PHARMACY	0	0	0	0	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	38 16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	24,083 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	2,881 31.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	29,074 46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	115,850 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	182 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	11,203 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	600,519 54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
60.00	06000	LABORATORY	0	0	0	0	73,399 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	17,434 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	19,888 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	5,725 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	12,046 73.01
73.02	07302	WOUND CARE	0	0	0	0	11,494 73.02
73.03	07303	SLEEP LAB	0	0	0	0	6,466 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	84,812 88.00
90.00	09000	CLINIC	0	0	0	0	2,930 90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0 90.01
91.00	09100	EMERGENCY	0	0	0	0	38,601 91.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/26/2019 2:29 pm
-------------------------------------	--	-----------------------	---	--

Cost Center Description		CAPITAL RELATED COSTS						
		B&F - HARMS HOUSE/IT	B&F - 9TH ST. EDUCATION HOUSE	B&F - FALCON POINT RESIDENCE	B&F - 2012 NEW STORAGE SHED	MVBLE EQUIP		
		1.25	1.26	1.27	1.28	2.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	114,503	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,665	20,267	0	12,878	2,145,434	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	7,301	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	60,738	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	6,683	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	19,935	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	8,212	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	8,108	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	37,333	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
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)	29,665	20,267	7,301	12,878	2,286,443	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/26/2019 2:29 pm		
Cost Center	Description	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/AC COUNTS RECEIVABLE	ALL OTHER ADMIN & GENERAL	OPERATION OF PLANT	
		2A	4.00	5.01	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
1.02	00102	B&F - ONARGA RHC					1.02
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	17,485	17,485			4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	7,229	989	8,218		5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	1,300,883	2,541	0	1,303,424	5.02
7.00	00700	OPERATION OF PLANT	122,078	333	0	31,256	153,667
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	21	0	6,729	0
8.00	00800	LAUNDRY & LINEN SERVICE	32,050	128	0	5,730	4,189
9.00	00900	HOUSEKEEPING	8,422	217	0	11,721	1,318
10.00	01000	DIETARY	25,357	120	0	9,374	4,560
11.00	01100	CAFETERIA	11,714	152	0	9,864	2,238
13.00	01300	NURSING ADMINISTRATION	1,520	298	0	15,560	290
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	4,769	0
15.00	01500	PHARMACY	11,880	322	0	19,794	2,269
16.00	01600	MEDICAL RECORDS & LIBRARY	11,530	145	0	8,888	2,195
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	256,212	1,411	826	77,919	22,405
31.00	03100	INTENSIVE CARE UNIT	12,720	12	12	1,130	1,879
43.00	04300	NURSERY	17,889	148	87	8,263	1,307
44.00	04400	SKILLED NURSING FACILITY	7,088	15	0	827	1,354
46.00	04600	OTHER LONG TERM CARE	162,764	827	0	41,175	25,537
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	279,209	1,034	717	68,454	29,697
51.00	05100	RECOVERY ROOM	17,287	174	95	9,062	3,267
52.00	05200	DELIVERY ROOM & LABOR ROOM	55,726	56	42	4,012	4,072
53.00	05300	ANESTHESIOLOGY	16,851	0	41	3,874	320
54.00	05400	RADIOLOGY-DIAGNOSTIC	683,226	828	770	73,491	15,798
56.00	05600	RADIOISOTOPE	3,605	47	44	4,177	689
60.00	06000	LABORATORY	94,653	501	473	45,182	4,060
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	16	1,554	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	29,636	213	130	12,403	2,331
66.00	06600	PHYSICAL THERAPY	72,964	706	389	37,132	718
67.00	06700	OCCUPATIONAL THERAPY	0	130	65	6,203	0
68.00	06800	SPEECH PATHOLOGY	0	0	12	1,124	0
69.00	06900	ELECTROCARDIOLOGY	5,725	12	8	729	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	254	24,248	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	674	64,377	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	388	37,089	0
73.01	07301	CARDIAC REHAB	21,153	37	23	2,184	1,740
73.02	07302	WOUND CARE	24,262	106	102	9,744	2,439
73.03	07303	SLEEP LAB	14,419	44	52	4,937	1,519
73.04	03950	DIETARY EDUCATION	0	0	13	1,281	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	396,154	1,696	0	231,790	309
90.00	09000	CLINIC	28,299	117	73	6,962	4,846
90.01	09001	GERI PSYCH CLINIC	1,470	110	109	10,382	0
91.00	09100	EMERGENCY	97,503	699	544	51,912	11,251
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0				

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/26/2019 2:29 pm
-------------------------------------	--	-----------------------	---	--

Cost Center Description		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/AC COUNTS RECEIVABLE	ALL OTHER ADMIN & GENERAL	OPERATION OF PLANT		
		2A	4.00	5.01	5.02	7.00		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	143,507	889	0	46,403	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		3,992,470	15,078	5,959	1,011,705	152,597	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,150	0	0	52	602	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	2,451	45	0	5,431	468	192.02
194.00	07950	FALCON POINT RENTAL	7,301	0	1	131	0	194.00
194.01	07951	PHYSICIAN OFFICE	60,738	50	169	16,172	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	6,836	72	0	19,678	0	194.02
194.03	07953	WELLNESS CENTER	11,386	68	0	3,378	0	194.03
194.04	07954	PSYCH CLINIC	0	408	364	34,742	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	43,567	23	119	11,321	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	76	43	4,065	0	194.07
194.08	07958	340B PHARMACY	0	0	0	6,847	0	194.08
194.09	07959	GAH CARDIOLOGY	6,683	56	97	9,256	0	194.09
194.10	07960	WIC	0	66	0	3,025	0	194.10
194.11	07961	PULMONARY CLINIC	0	7	50	4,763	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	11,744	9	10	979	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	32,774	256	644	61,440	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	10,294	773	0	37,614	0	194.17
194.18	07968	GAFM	0	60	86	8,249	0	194.18
194.19	07969	GAPC	0	53	108	10,358	0	194.19
194.20	07970	FHCF	0	21	15	1,447	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	74	100	9,505	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	8,108	55	78	7,452	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	34	34	3,286	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	37,333	67	176	16,779	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	112	143	13,631	0	194.25
194.26	07976	DENTAL CLINIC	0	22	22	2,118	0	194.26
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)		4,234,835	17,485	8,218	1,303,424	153,667	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/26/2019 2:29 pm
-------------------------------------	--	-----------------------	---	--

Cost Center Description		OPERATION OF PLANT-OUTSIDE PROPERTY	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.01	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.02	00102	B&F - ONARGA RHC					1.02
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	6,750				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	42,097			8.00
9.00	00900	HOUSEKEEPING	1	7,793	29,472		9.00
10.00	01000	DIETARY	0	1,182	494	41,087	10.00
11.00	01100	CAFETERIA	0	1,459	242	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	31	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	246	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	238	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	8,081	2,425	6,982	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	203	32	31.00
43.00	04300	NURSERY	0	130	142	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,993	147	617	44.00
46.00	04600	OTHER LONG TERM CARE	0	11,462	2,764	33,456	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	3,819	3,214	0	50.00
51.00	05100	RECOVERY ROOM	0	0	354	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	275	441	0	52.00
53.00	05300	ANESTHESIOLOGY	92	0	399	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,258	1,710	0	54.00
56.00	05600	RADIOISOTOPE	0	0	75	0	56.00
60.00	06000	LABORATORY	0	0	439	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	252	0	65.00
66.00	06600	PHYSICAL THERAPY	506	2,338	2,088	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	188	0	73.01
73.02	07302	WOUND CARE	0	0	264	0	73.02
73.03	07303	SLEEP LAB	0	0	164	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	3,347	0	3,888	0	88.00
90.00	09000	CLINIC	0	0	525	0	90.00
90.01	09001	GERI PSYCH CLINIC	233	0	925	0	90.01
91.00	09100	EMERGENCY	0	2,307	1,218	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				1,482	92.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/26/2019 2:29 pm	
-------------------------------------	--	-----------------------	---	--	--

Cost Center Description		OPERATION OF PLANT-OUTSIDE PROPERTY 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	CAFETERIA 11.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	495	0	1,278	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		4,674	42,097	24,354	41,087	25,669
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	65	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	51	0	192.02
194.00	07950	FALCON POINT RENTAL	216	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	116	0	462	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	90	0	356	0	194.02
194.03	07953	WELLNESS CENTER	404	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	123	0	489	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	271	0	640	0	194.12
194.13	07963	PODIATRY	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	132	0	523	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	724	0	2,532	0	194.17
194.18	07968	GAFM	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	194.26
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)		6,750	42,097	29,472	41,087	25,669

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-1317		Period: From 10/01/2017 To 09/30/2018		Worksheet B Part II Date/Time Prepared: 2/26/2019 2:29 pm	
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
1.02	00102	B&F - ONARGA RHC						1.02
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	18,432					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,769				14.00
15.00	01500	PHARMACY	0	15	35,263			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1	0	22,997		16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,458	67	120	3,890	390,526	30.00
31.00	03100	INTENSIVE CARE UNIT	55	0	0	10	16,101	31.00
43.00	04300	NURSERY	495	0	0	107	28,997	43.00
44.00	04400	SKILLED NURSING FACILITY	74	0	0	34	12,213	44.00
46.00	04600	OTHER LONG TERM CARE	4,021	21	16	0	285,528	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,586	221	230	2,382	395,672	50.00
51.00	05100	RECOVERY ROOM	620	6	0	0	31,403	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	188	0	0	0	64,974	52.00
53.00	05300	ANESTHESIOLOGY	0	8	123	0	22,431	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8	85	8,167	787,546	54.00
56.00	05600	RADIOISOTOPE	0	1	3	0	9,066	56.00
60.00	06000	LABORATORY	0	27	5	4,217	151,783	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,570	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	867	1	3	69	46,657	65.00
66.00	06600	PHYSICAL THERAPY	0	3	19	673	119,826	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	6,701	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,136	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	6,525	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,633	0	0	26,135	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,602	1,791	0	69,444	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	30,094	0	67,571	73.00
73.01	07301	CARDIAC REHAB	227	0	1	11	25,760	73.01
73.02	07302	WOUND CARE	384	4	22	122	37,782	73.02
73.03	07303	SLEEP LAB	194	0	0	473	21,971	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	1,294	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	52	1,246	0	638,482	88.00
90.00	09000	CLINIC	553	9	5	211	42,079	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	9	13,238	90.01
91.00	09100	EMERGENCY	1,710	34	20	2,611	171,291	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/26/2019 2:29 pm
-------------------------------------	--	-----------------------	---	--

Cost Center Description		NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	
		13.00	14.00	15.00	16.00	24.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	6	149	0	192,727	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	18,432	4,719	33,932	22,986	3,686,429	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	3,869	190.00
192.01	19201 GAH - MSO	0	0	0	0	0	192.01
192.02	19202 GAH FOUNDATION	0	0	0	0	8,446	192.02
194.00	07950 FALCON POINT RENTAL	0	0	0	0	7,649	194.00
194.01	07951 PHYSICIAN OFFICE	0	1	2	0	77,710	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	0	1	216	0	27,249	194.02
194.03	07953 WELLNESS CENTER	0	1	0	0	15,237	194.03
194.04	07954 PSYCH CLINIC	0	1	4	0	35,519	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	0	4	152	0	55,798	194.05
194.06	07956 LASER CLINIC	0	0	0	0	0	194.06
194.07	07957 PAIN CLINIC	0	0	0	0	4,184	194.07
194.08	07958 340B PHARMACY	0	0	0	0	6,847	194.08
194.09	07959 GAH CARDIOLOGY	0	0	0	0	16,092	194.09
194.10	07960 WIC	0	0	0	0	3,091	194.10
194.11	07961 PULMONARY CLINIC	0	0	1	0	4,821	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	13,653	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	27	630	11	96,437	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967 ELITE PERFORMANCE	0	3	16	0	51,956	194.17
194.18	07968 GAFM	0	5	28	0	8,428	194.18
194.19	07969 GAPC	0	1	87	0	10,607	194.19
194.20	07970 FHCF	0	0	31	0	1,514	194.20
194.21	07971 FAMILY H.C. FAIRBURY	0	1	6	0	9,686	194.21
194.22	07972 GIBSON HEALTH OF WATSEKA	0	2	50	0	15,745	194.22
194.23	07973 WEEKEND CLINIC AT GAH	0	1	28	0	3,383	194.23
194.24	07974 #3 CLINIC (DR. DELOST)	0	1	78	0	54,434	194.24
194.25	07975 GIBSON HEALTH OF MAHOMET	0	1	0	0	13,887	194.25
194.26	07976 DENTAL CLINIC	0	0	2	0	2,164	194.26
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)	18,432	4,769	35,263	22,997	4,234,835	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/26/2019 2:29 pm
-------------------------------------	--	-----------------------	---	--

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	OB UNIT - BLDG & FIXT		1.01
1.02	00102	B&F - ONARGA RHC		1.02
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	0	390,526
31.00	03100	INTENSIVE CARE UNIT	0	16,101
43.00	04300	NURSERY	0	28,997
44.00	04400	SKILLED NURSING FACILITY	0	12,213
46.00	04600	OTHER LONG TERM CARE	0	285,528
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	395,672
51.00	05100	RECOVERY ROOM	0	31,403
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	64,974
53.00	05300	ANESTHESIOLOGY	0	22,431
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	787,546
56.00	05600	RADIOISOTOPE	0	9,066
60.00	06000	LABORATORY	0	151,783
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,570
64.00	06400	INTRAVENOUS THERAPY	0	0
65.00	06500	RESPIRATORY THERAPY	0	46,657
66.00	06600	PHYSICAL THERAPY	0	119,826
67.00	06700	OCCUPATIONAL THERAPY	0	6,701
68.00	06800	SPEECH PATHOLOGY	0	1,136
69.00	06900	ELECTROCARDIOLOGY	0	6,525
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	26,135
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	69,444
73.00	07300	DRUGS CHARGED TO PATIENTS	0	67,571
73.01	07301	CARDIAC REHAB	0	25,760
73.02	07302	WOUND CARE	0	37,782
73.03	07303	SLEEP LAB	0	21,971
73.04	03950	DIETARY EDUCATION	0	1,294
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	638,482
90.00	09000	CLINIC	0	42,079
90.01	09001	GERI PSYCH CLINIC	0	13,238
91.00	09100	EMERGENCY	0	171,291

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part II
Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	25.00	26.00	92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	192,727	95.00
	SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	3,686,429	118.00
	NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,869	190.00
192.01	19201 GAH - MSO	0	0	192.01
192.02	19202 GAH FOUNDATION	0	8,446	192.02
194.00	07950 FALCON POINT RENTAL	0	7,649	194.00
194.01	07951 PHYSICIAN OFFICE	0	77,710	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	0	27,249	194.02
194.03	07953 WELLNESS CENTER	0	15,237	194.03
194.04	07954 PSYCH CLINIC	0	35,519	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	0	55,798	194.05
194.06	07956 LASER CLINIC	0	0	194.06
194.07	07957 PAIN CLINIC	0	4,184	194.07
194.08	07958 340B PHARMACY	0	6,847	194.08
194.09	07959 GAH CARDIOLOGY	0	16,092	194.09
194.10	07960 WIC	0	3,091	194.10
194.11	07961 PULMONARY CLINIC	0	4,821	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	0	13,653	194.12
194.13	07963 PODIATRY	0	0	194.13
194.14	07964 9TH STREET CLINIC	0	0	194.14
194.15	07965 ORTHO CLINIC	0	96,437	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	194.16
194.17	07967 ELITE PERFORMANCE	0	51,956	194.17
194.18	07968 GAFM	0	8,428	194.18
194.19	07969 GAPC	0	10,607	194.19
194.20	07970 FHCF	0	1,514	194.20
194.21	07971 FAMILY H.C. FAIRBURY	0	9,686	194.21
194.22	07972 GIBSON HEALTH OF WATSEKA	0	15,745	194.22
194.23	07973 WEEKEND CLINIC AT GAH	0	3,383	194.23
194.24	07974 #3 CLINIC (DR. DELOST)	0	54,434	194.24
194.25	07975 GIBSON HEALTH OF MAHOMET	0	13,887	194.25
194.26	07976 DENTAL CLINIC	0	2,164	194.26
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	4,234,835	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	OB UNIT - BLDG & FIXT (SQUARE FEET)	B&F - ONARGA RHC (SQUARE FEET)	B&F - FARMER CITY RURAL HEALTH CLINI (SQUARE FEET)	B&F - HOOPESTON RURAL HEALTH CLINIC (SQUARE FEET)		
		1.00	1.01	1.02	1.04	1.05		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	98,613					1.00
1.01	00101	OB UNIT - BLDG & FIXT	0	9,846				1.01
1.02	00102	B&F - ONARGA RHC	0	0	1,564			1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLINI	0	0	0	2,160		1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	0	4,721	1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	0	0	1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	0	0	1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	0	0	1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	0	0	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	0	0	0	0	0	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	0	0	0	0	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	0	1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	0	0	0	0	1.16
1.17	00117	B&F - # 10 DOCTOR' S PARK	0	0	0	0	0	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	0	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	0	1.19
1.20	00120	B&F - #7 DOCTOR' S PARK	0	0	0	0	0	1.20
1.21	00121	B&F - #4 DOCTOR' S PARK	0	0	0	0	0	1.21
1.22	00122	B&F - #8 DOCTOR' S PARK	0	0	0	0	0	1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	977	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	547	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	23,453	308	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	10,651	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,977	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	541	81	0	0	0	9.00
10.00	01000	DIETARY	2,152	0	0	0	0	10.00
11.00	01100	CAFETERIA	1,056	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	137	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	1,071	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,036	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,159	6,415	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	887	0	0	0	0	31.00
43.00	04300	NURSERY	0	617	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	639	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	12,052	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,574	441	0	0	0	50.00
51.00	05100	RECOVERY ROOM	1,542	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,922	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	89	62	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,456	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	325	0	0	0	0	56.00
60.00	06000	LABORATORY	1,916	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,100	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	339	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	821	0	0	0	0	73.01
73.02	07302	WOUND CARE	1,151	0	0	0	0	73.02
73.03	07303	SLEEP LAB	717	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	146	0	1,564	2,160	4,721	88.00
90.00	09000	CLINIC	2,287	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet B-1 Date/Time Prepared: 2/26/2019 2:29 pm
-------------------------------------	--	-----------------------	---	---

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	OB UNIT - BLDG & FIXT (SQUARE FEET)	B&F - ONARGA RHC (SQUARE FEET)	B&F - FARMER CITY RURAL HEALTH CLINI (SQUARE FEET)	B&F - HOOPESTON RURAL HEALTH CLINIC (SQUARE FEET)	
		1.00	1.01	1.02	1.04	1.05	
90.01	09001 GERI PSYCH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	5,310	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	98,108	9,846	1,564	2,160	4,721	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	284	0	0	0	0	190.00
192.01	19201 GAH - MSO	0	0	0	0	0	192.01
192.02	19202 GAH FOUNDATION	221	0	0	0	0	192.02
194.00	07950 FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951 PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953 WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954 PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956 LASER CLINIC	0	0	0	0	0	194.06
194.07	07957 PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958 340B PHARMACY	0	0	0	0	0	194.08
194.09	07959 GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960 WIC	0	0	0	0	0	194.10
194.11	07961 PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963 PODIATRY	0	0	0	0	0	194.13
194.14	07964 9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965 ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967 ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968 GAFM	0	0	0	0	0	194.18
194.19	07969 GAPC	0	0	0	0	0	194.19
194.20	07970 FHCF	0	0	0	0	0	194.20
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
194.26	07976 DENTAL CLINIC	0	0	0	0	0	194.26
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)	1,093,888	285,471	17,942	16,375	85,765	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.092736	28.993601	11.471867	7.581019	18.166702	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
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1
Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		CAPITAL RELATED COSTS						
		B&F - FORREST RURAL HEALTH CLINIC (SQUARE FEET)	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)		
		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
1.02	00102	B&F - ONARGA RHC						1.02
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	3,284					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	0	28,574				1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	0	0	2,130			1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	4,692		1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	0	0	0	0	7,000	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	0	0	0	0	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	0	1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	0	0	0	0	1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	0	0	0	0	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	0	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	0	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	0	1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	0	1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	0	1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	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	3,284	28,574	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		CAPITAL RELATED COSTS						
		B&F - FORREST RURAL HEALTH CLINIC (SQUARE FEET)	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)		
		1.07	1.09	1.10	1.11	1.12		
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,284	28,574	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	7,000	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	2,130	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	4,692	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
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
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)	15,217	151,270	43,567	11,744	11,386	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.633678	5.293974	20.453991	2.502984	1.626571	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
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		CAPITAL RELATED COSTS					
		B&F - PAXTON AMBULANCE STATION (SQUARE FEET)	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)	
		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
1.02	00102	B&F - ONARGA RHC					1.02
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	4,500				1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	2,346			1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	0	3,228		1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	0	0	14,140	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	1,554
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	3,080	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	13	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	8,765	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		CAPITAL RELATED COSTS						
		B&F - PAXTON AMBULANCE STATION (SQUARE FEET)	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)		
		1. 14	1. 15	1. 16	1. 17	1. 18		
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,000	2,346	3,228	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		3,000	2,346	3,228	11,858	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	1,554	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	2,282	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	1,500	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
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers							201.00
202.00	Cost to be allocated (per Wkst. B, Part I)		6,247	3,974	20,865	79,557	6,836	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		1.388222	1.693947	6.463755	5.626379	4.398970	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
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)							206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		CAPITAL RELATED COSTS					
		B&F - ANESTHESIA HOUSE (SQUARE FEET)	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)	
		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
1.02	00102	B&F - ONARGA RHC					1.02
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	1,974				1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	4,032			1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	4,032		1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	0	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	1.26
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	384	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	1,590	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	4,032	0	5,760	88.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	4,032	0	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		CAPITAL RELATED COSTS						
		B&F - ANESTHESIA HOUSE (SQUARE FEET)	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)		
		1. 19	1. 20	1. 21	1. 22	1. 25		
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	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,974	4,032	4,032	5,760	3,952	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
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
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)	3,554	10,836	1,470	12,317	29,665	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.800405	2.687500	0.364583	2.138368	7.506326	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
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet B-1 Date/Time Prepared: 2/26/2019 2:29 pm
-------------------------------------	--	-----------------------	---	---

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		B&F - 9TH ST. EDUCATION HOUSE (SQUARE FEET)	B&F - FALCON POINT RESIDENCE (SQUARE FEET)	B&F - 2012 NEW STORAGE SHED (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)		
		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
1.02	00102	B&F - ONARGA RHC					1.02
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	1,208				1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	1,928			1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	4,224		1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP				1,926,213	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	5,600	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	978	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	1,208	0	4,224	801,140	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	3,310	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	8,526	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	1,251	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	32	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	20,289	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	2,427	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	24,493	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	97,598	50.00
51.00	05100	RECOVERY ROOM	0	0	0	153	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	9,438	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	505,907	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	61,835	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	14,687	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	16,755	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	4,823	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	10,148	73.01
73.02	07302	WOUND CARE	0	0	0	9,683	73.02
73.03	07303	SLEEP LAB	0	0	0	5,447	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	71,450	88.00
90.00	09000	CLINIC	0	0	0	2,468	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description			CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
			B&F - 9TH ST. EDUCATION HOUSE (SQUARE FEET)	B&F - FALCON POINT RESIDENCE (SQUARE FEET)	B&F - 2012 NEW STORAGE SHED (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)		
			1.26	1.27	1.28	2.00		
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	211,567	90.01
91.00	09100	EMERGENCY	0	0	0	32,519	1,343,960	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	96,463	1,710,460	95.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		1,208	0	4,224	1,807,420	28,970,223	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	85,870	192.02
194.00	07950	FALCON POINT RENTAL	0	1,928	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	51,169	96,882	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	138,211	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	130,765	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	784,735	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	44,513	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	146,806	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	5,630	107,534	194.09
194.10	07960	WIC	0	0	0	0	127,048	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	13,552	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	17,056	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	16,794	492,314	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	6,918	1,486,344	194.17
194.18	07968	GAFM	0	0	0	0	114,974	194.18
194.19	07969	GAPC	0	0	0	0	102,508	194.19
194.20	07970	FHCF	0	0	0	0	39,637	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	142,016	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	6,831	106,275	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	65,281	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	31,451	128,930	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	215,447	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	42,149	194.26
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)		20,267	7,301	12,878	2,286,443	12,718,717	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		16.777318	3.786826	3.048769	1.187015	0.378544	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)						17,485	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)						0.000520	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)							206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)							207.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-1317		Period: From 10/01/2017 To 09/30/2018		Worksheet B-1	
Date/Time Prepared: 2/26/2019 2:29 pm							
Cost Center	Description	Reconciliation	CASHIERING/AC COUNTS RECEIVABLE (ACCUM. COST)	Reconciliation	ALL OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5A.01	5.01	5A.02	5.02	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
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	-3,723,140	43,650,831				5.01
5.02	00591	-12,381,755	0	-12,381,755	78,807,697		5.02
7.00	00700	-1,889,860	0	0	1,889,860	72,523	7.00
7.01	00701	-406,850	0	0	406,850	0	7.01
8.00	00800	-346,452	0	0	346,452	1,977	8.00
9.00	00900	-708,669	0	0	708,669	622	9.00
10.00	01000	-566,766	0	0	566,766	2,152	10.00
11.00	01100	-596,400	0	0	596,400	1,056	11.00
13.00	01300	-940,830	0	0	940,830	137	13.00
14.00	01400	-288,363	0	0	288,363	0	14.00
15.00	01500	-1,196,833	0	0	1,196,833	1,071	15.00
16.00	01600	-537,402	0	0	537,402	1,036	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	4,340,996	0	4,711,246	10,574	30.00
31.00	03100	0	62,975	0	68,346	887	31.00
43.00	04300	0	460,358	0	499,624	617	43.00
44.00	04400	-50,021	0	0	50,021	639	44.00
46.00	04600	-2,489,561	0	0	2,489,561	12,052	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	3,813,673	0	4,138,956	14,015	50.00
51.00	05100	0	504,851	0	547,912	1,542	51.00
52.00	05200	0	223,528	0	242,594	1,922	52.00
53.00	05300	0	215,805	0	234,212	151	53.00
54.00	05400	0	4,094,287	0	4,443,505	7,456	54.00
56.00	05600	0	232,715	0	252,564	325	56.00
60.00	06000	0	2,517,165	0	2,731,864	1,916	60.00
63.00	06300	0	86,570	0	93,954	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	690,984	0	749,921	1,100	65.00
66.00	06600	0	2,068,648	0	2,245,091	339	66.00
67.00	06700	0	345,588	0	375,065	0	67.00
68.00	06800	0	62,624	0	67,965	0	68.00
69.00	06900	0	40,641	0	44,107	0	69.00
71.00	07100	0	1,350,869	0	1,466,090	0	71.00
72.00	07200	0	3,586,506	0	3,892,413	0	72.00
73.00	07300	0	2,066,276	0	2,242,517	0	73.00
73.01	07301	0	121,672	0	132,050	821	73.01
73.02	07302	0	542,829	0	589,129	1,151	73.02
73.03	07303	0	275,050	0	298,510	717	73.03
73.04	03950	0	71,352	0	77,438	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	-14,013,322	0	0	14,013,322	146	88.00
90.00	09000	0	387,844	0	420,925	2,287	90.00
90.01	09001	0	578,368	0	627,699	0	90.01
91.00	09100	0	2,892,092	0	3,138,770	5,310	91.00
92.00	09200						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		Reconciliation	CASHIERING/AC COUNTS RECEIVABLE (ACCUM. COST)	Reconciliation	ALL OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5A.01	5.01	5A.02	5.02	7.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	-2,805,688	0	0	2,805,688	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-42,941,912	31,634,266	-12,381,755	61,169,484	72,018	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-3,150	0	0	3,150	284	190.00
192.01	19201 GAH - MSO	0	0	0	0	0	192.01
192.02	19202 GAH FOUNDATION	-328,366	0	0	328,366	221	192.02
194.00	07950 FALCON POINT RENTAL	0	7,301	0	7,924	0	194.00
194.01	07951 PHYSICIAN OFFICE	0	900,942	0	977,787	0	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	-1,189,803	0	0	1,189,803	0	194.02
194.03	07953 WELLNESS CENTER	-204,256	0	0	204,256	0	194.03
194.04	07954 PSYCH CLINIC	0	1,935,545	0	2,100,635	0	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	0	630,697	0	684,492	0	194.05
194.06	07956 LASER CLINIC	0	0	0	0	0	194.06
194.07	07957 PAIN CLINIC	0	226,480	0	245,797	0	194.07
194.08	07958 340B PHARMACY	-413,968	0	0	413,968	0	194.08
194.09	07959 GAH CARDIOLOGY	0	515,670	0	559,654	0	194.09
194.10	07960 WIC	-182,924	0	0	182,924	0	194.10
194.11	07961 PULMONARY CLINIC	0	265,354	0	287,987	0	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	0	54,568	0	59,222	0	194.12
194.13	07963 PODIATRY	0	0	0	0	0	194.13
194.14	07964 9TH STREET CLINIC	0	4	0	4	0	194.14
194.15	07965 ORTHO CLINIC	0	3,422,888	0	3,714,840	0	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967 ELITE PERFORMANCE	-2,274,242	0	0	2,274,242	0	194.17
194.18	07968 GAFM	0	459,568	0	498,766	0	194.18
194.19	07969 GAPC	0	577,044	0	626,262	0	194.19
194.20	07970 FHCF	0	80,629	0	87,506	0	194.20
194.21	07971 FAMILY H.C. FAIRBURY	0	529,519	0	574,684	0	194.21
194.22	07972 GIBSON HEALTH OF WATSEKA	0	415,134	0	450,542	0	194.22
194.23	07973 WEEKEND CLINIC AT GAH	0	183,061	0	198,675	0	194.23
194.24	07974 #3 CLINIC (DR. DELOST)	0	934,777	0	1,014,508	0	194.24
194.25	07975 GIBSON HEALTH OF MAHOMET	0	759,402	0	824,174	0	194.25
194.26	07976 DENTAL CLINIC	0	117,982	0	128,045	0	194.26
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)		3,723,140		12,381,755	2,186,783	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.085294		0.157114	30.152958	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		8,218		1,303,424	153,667	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.000188		0.016539	2.118873	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		OPERATION OF PLANT-OUTSIDE PROPERTY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		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
1.02	00102	B&F - ONARGA RHC					1.02
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	116,974				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	389,063			8.00
9.00	00900	HOUSEKEEPING	13	72,023	128,503		9.00
10.00	01000	DIETARY	0	10,922	2,152	46,724	10.00
11.00	01100	CAFETERIA	0	13,481	1,056	0	24,044
13.00	01300	NURSING ADMINISTRATION	0	0	137	0	687
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	0	0	1,071	0	690
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,036	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	74,683	10,574	7,940	4,431
31.00	03100	INTENSIVE CARE UNIT	0	0	887	36	45
43.00	04300	NURSERY	0	1,198	617	0	402
44.00	04400	SKILLED NURSING FACILITY	0	18,421	639	702	60
46.00	04600	OTHER LONG TERM CARE	0	105,947	12,052	38,046	3,264
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	35,294	14,015	0	2,912
51.00	05100	RECOVERY ROOM	0	0	1,542	0	504
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,541	1,922	0	152
53.00	05300	ANESTHESIOLOGY	1,590	0	1,741	0	677
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,630	7,456	0	2,065
56.00	05600	RADIOISOTOPE	0	0	325	0	398
60.00	06000	LABORATORY	0	0	1,916	0	2,085
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	1,100	0	704
66.00	06600	PHYSICAL THERAPY	8,765	21,605	9,104	0	2,145
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	284
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	48
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	821	0	184
73.02	07302	WOUND CARE	0	0	1,151	0	312
73.03	07303	SLEEP LAB	0	0	717	0	158
73.04	03950	DIETARY EDUCATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	58,035	0	16,950	0	0
90.00	09000	CLINIC	0	0	2,287	0	449
90.01	09001	GERI PSYCH CLINIC	4,032	0	4,032	0	0
91.00	09100	EMERGENCY	0	21,318	5,310	0	1,388
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		OPERATION OF PLANT-OUTSIDE PROPERTY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.01	8.00	9.00	10.00	11.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	8,574	0	5,574	0		95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	81,009	389,063	106,184	46,724	24,044	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	284	0		190.00
192.01	19201 GAH - MSO	0	0	0	0		192.01
192.02	19202 GAH FOUNDATION	0	0	221	0		192.02
194.00	07950 FALCON POINT RENTAL	3,751	0	0	0		194.00
194.01	07951 PHYSICIAN OFFICE	2,016	0	2,016	0		194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	1,554	0	1,554	0		194.02
194.03	07953 WELLNESS CENTER	7,000	0	0	0		194.03
194.04	07954 PSYCH CLINIC	0	0	0	0		194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	2,130	0	2,130	0		194.05
194.06	07956 LASER CLINIC	0	0	0	0		194.06
194.07	07957 PAIN CLINIC	0	0	0	0		194.07
194.08	07958 340B PHARMACY	0	0	0	0		194.08
194.09	07959 GAH CARDIOLOGY	0	0	0	0		194.09
194.10	07960 WIC	0	0	0	0		194.10
194.11	07961 PULMONARY CLINIC	0	0	0	0		194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	4,692	0	2,792	0		194.12
194.13	07963 PODIATRY	0	0	0	0		194.13
194.14	07964 9TH STREET CLINIC	0	0	0	0		194.14
194.15	07965 ORTHO CLINIC	2,282	0	2,282	0		194.15
194.16	07966 GA MEDICAL CLINIC	0	0	0	0		194.16
194.17	07967 ELITE PERFORMANCE	12,540	0	11,040	0		194.17
194.18	07968 GAFM	0	0	0	0		194.18
194.19	07969 GAPC	0	0	0	0		194.19
194.20	07970 FHCF	0	0	0	0		194.20
194.21	07971 FAMILY H.C. FAIRBURY	0	0	0	0		194.21
194.22	07972 GIBSON HEALTH OF WATSEKA	0	0	0	0		194.22
194.23	07973 WEEKEND CLINIC AT GAH	0	0	0	0		194.23
194.24	07974 #3 CLINIC (DR. DELOST)	0	0	0	0		194.24
194.25	07975 GIBSON HEALTH OF MAHOMET	0	0	0	0		194.25
194.26	07976 DENTAL CLINIC	0	0	0	0		194.26
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	470,772	460,496	924,065	749,104	745,495	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4.024587	1.183603	7.190999	16.032531	31.005448	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	6,750	42,097	29,472	41,087	25,669	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.057705	0.108201	0.229349	0.879355	1.067584	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)		
		13.00	14.00	15.00	16.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00	
1.01	00101	OB UNIT - BLDG & FIXT				1.01	
1.02	00102	B&F - ONARGA RHC				1.02	
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	311,266			13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,705,834		14.00	
15.00	01500	PHARMACY	0	21,571	2,421,348	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,091	0	99,877	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	92,167	94,118	8,259	16,894	30.00
31.00	03100	INTENSIVE CARE UNIT	927	0	0	45	31.00
43.00	04300	NURSERY	8,362	0	0	465	43.00
44.00	04400	SKILLED NURSING FACILITY	1,253	0	0	148	44.00
46.00	04600	OTHER LONG TERM CARE	67,900	29,528	1,094	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	60,560	310,301	15,813	10,343	50.00
51.00	05100	RECOVERY ROOM	10,474	7,972	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,171	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	11,014	8,471	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,495	5,860	35,471	54.00
56.00	05600	RADIOISOTOPE	0	1,265	175	0	56.00
60.00	06000	LABORATORY	0	37,824	347	18,315	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	14,643	1,139	221	299	65.00
66.00	06600	PHYSICAL THERAPY	0	4,422	1,311	2,924	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1	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	2,296,916	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,659,461	122,999	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,066,276	0	73.00
73.01	07301	CARDIAC REHAB	3,837	427	79	48	73.01
73.02	07302	WOUND CARE	6,483	4,996	1,511	528	73.02
73.03	07303	SLEEP LAB	3,279	214	0	2,056	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	72,523	85,588	0	88.00
90.00	09000	CLINIC	9,338	13,330	337	917	90.00
90.01	09001	GERI PSYCH CLINIC	0	367	0	37	90.01
91.00	09100	EMERGENCY	28,872	47,150	1,346	11,340	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		13.00	14.00	15.00	16.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS					92.00
95.00	09500 AMBULANCE SERVICES SPECIAL PURPOSE COST CENTERS	0	8,033	10,219	0	95.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	311,266	6,635,158	2,329,906	99,830	118.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.01	19201 GAH - MSO	0	66	0	0	192.01
192.02	19202 GAH FOUNDATION	0	74	0	0	192.02
194.00	07950 FALCON POINT RENTAL	0	0	0	0	194.00
194.01	07951 PHYSICIAN OFFICE	0	1,010	126	0	194.01
194.02	07952 PLASTIC SURG & DR. CHUNG	0	1,288	14,825	0	194.02
194.03	07953 WELLNESS CENTER	0	1,176	0	0	194.03
194.04	07954 PSYCH CLINIC	0	1,582	307	0	194.04
194.05	07955 MAHOMET SPECIALTY CLINIC	0	4,974	10,441	0	194.05
194.06	07956 LASER CLINIC	0	0	0	0	194.06
194.07	07957 PAIN CLINIC	0	0	0	0	194.07
194.08	07958 340B PHARMACY	0	0	0	0	194.08
194.09	07959 GAH CARDIOLOGY	0	543	0	0	194.09
194.10	07960 WIC	0	113	0	0	194.10
194.11	07961 PULMONARY CLINIC	0	95	95	0	194.11
194.12	07962 FAMILY HEALTHCARE OF POTOMAC	0	352	0	0	194.12
194.13	07963 PODIATRY	0	0	0	0	194.13
194.14	07964 9TH STREET CLINIC	0	4	0	0	194.14
194.15	07965 ORTHO CLINIC	0	38,299	43,258	47	194.15
194.16	07966 GA MEDICAL CLINIC	0	0	0	0	194.16
194.17	07967 ELITE PERFORMANCE	0	4,306	1,068	0	194.17
194.18	07968 GAFM	0	6,812	1,902	0	194.18
194.19	07969 GAPC	0	1,812	5,983	0	194.19
194.20	07970 FHCF	0	295	2,159	0	194.20
194.21	07971 FAMILY H.C. FAIRBURY	0	1,427	425	0	194.21
194.22	07972 GIBSON HEALTH OF WATSEKA	0	2,819	3,422	0	194.22
194.23	07973 WEEKEND CLINIC AT GAH	0	800	1,954	0	194.23
194.24	07974 #3 CLINIC (DR. DELOST)	0	1,125	5,359	0	194.24
194.25	07975 GIBSON HEALTH OF MAHOMET	0	1,428	0	0	194.25
194.26	07976 DENTAL CLINIC	0	276	118	0	194.26
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)	1,115,065	333,669	1,447,335	660,577	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3.582354	0.049758	0.597739	6.613905	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	18,432	4,769	35,263	22,997	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.059216	0.000711	0.014563	0.230253	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

POST STEPDOWN ADJUSTMENTS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-2

Date/Time Prepared:
2/26/2019 2:29 pm

	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	-164,953	7.00
8.00	IV THERAPY RECLASS		1 64.00	164,953	8.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet C
Part I
Date/Time Prepared:
2/26/2019 2:29 pm

		Title XVIII		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		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	6,485,977		6,485,977	0	6,485,977	30.00
31.00	03100 INTENSIVE CARE UNIT	117,799		117,799	0	117,799	31.00
43.00	04300 NURSERY	648,076		648,076	0	648,076	43.00
44.00	04400 SKILLED NURSING FACILITY	122,129		122,129	0	122,129	44.00
46.00	04600 OTHER LONG TERM CARE	4,412,715		4,412,715	0	4,412,715	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,754,930		5,754,930	0	5,754,930	50.00
51.00	05100 RECOVERY ROOM	745,128		745,128	0	745,128	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	371,565		371,565	0	371,565	52.00
53.00	05300 ANESTHESIOLOGY	321,084		321,084	0	321,084	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,736,545		5,736,545	0	5,736,545	54.00
56.00	05600 RADIO SOTOPE	316,890		316,890	0	316,890	56.00
60.00	06000 LABORATORY	3,420,498		3,420,498	0	3,420,498	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	108,715		108,715	0	108,715	63.00
64.00	06400 INTRAVENOUS THERAPY	164,953		164,953	0	164,953	64.00
65.00	06500 RESPIRATORY THERAPY	985,273	0	985,273	0	985,273	65.00
66.00	06600 PHYSICAL THERAPY	2,821,213	0	2,821,213	0	2,821,213	66.00
67.00	06700 OCCUPATIONAL THERAPY	442,799	0	442,799	0	442,799	67.00
68.00	06800 SPEECH PATHOLOGY	78,643	0	78,643	0	78,643	68.00
69.00	06900 ELECTROCARDIOLOGY	52,525		52,525	0	52,525	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,810,723		1,810,723	0	1,810,723	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,759,573		4,759,573	0	4,759,573	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,829,944		3,829,944	0	3,829,944	73.00
73.01	07301 CARDIAC REHAB	203,292		203,292	0	203,292	73.01
73.02	07302 WOUND CARE	762,214		762,214	0	762,214	73.02
73.03	07303 SLEEP LAB	402,441		402,441	0	402,441	73.03
73.04	03950 DIETARY EDUCATION	89,605		89,605	0	89,605	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	16,629,598		16,629,598	0	16,629,598	88.00
90.00	09000 CLINIC	626,766		626,766	0	626,766	90.00
90.01	09001 GERI PSYCH CLINIC	771,803		771,803	0	771,803	90.01
91.00	09100 EMERGENCY	4,080,062		4,080,062	0	4,080,062	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	659,453		659,453	0	659,453	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	3,327,599		3,327,599	0	3,327,599	95.00
200.00	Subtotal (see instructions)	71,060,530	0	71,060,530	0	71,060,530	200.00
201.00	Less Observation Beds	659,453		659,453	0	659,453	201.00
202.00	Total (see instructions)	70,401,077	0	70,401,077	0	70,401,077	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/26/2019 2:29 pm
		Title XVIII	Hospital	Cost

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,675,075		7,675,075	30.00
31.00	03100	INTENSIVE CARE UNIT	72,466		72,466	31.00
43.00	04300	NURSERY	705,476		705,476	43.00
44.00	04400	SKILLED NURSING FACILITY	62,858		62,858	44.00
46.00	04600	OTHER LONG TERM CARE	3,144,111		3,144,111	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,588,567	18,303,035	26,891,602	50.00
51.00	05100	RECOVERY ROOM	751,611	3,280,055	4,031,666	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,531,677	308,504	2,840,181	52.00
53.00	05300	ANESTHESIOLOGY	246,009	1,568,196	1,814,205	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,934,587	27,789,944	29,724,531	54.00
56.00	05600	RADIOISOTOPE	15,611	1,084,472	1,100,083	56.00
60.00	06000	LABORATORY	1,558,636	19,284,143	20,842,779	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	162,630	305,904	468,534	63.00
64.00	06400	INTRAVENOUS THERAPY	40,170	2,134,979	2,175,149	64.00
65.00	06500	RESPIRATORY THERAPY	3,134,224	1,081,531	4,215,755	65.00
66.00	06600	PHYSICAL THERAPY	1,386,951	6,678,105	8,065,056	66.00
67.00	06700	OCCUPATIONAL THERAPY	937,834	448,891	1,386,725	67.00
68.00	06800	SPEECH PATHOLOGY	16,942	91,280	108,222	68.00
69.00	06900	ELECTROCARDIOLOGY	60,727	1,240,248	1,300,975	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,940,633	4,208,311	7,148,944	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,607,922	2,717,891	16,325,813	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,137,179	12,447,163	18,584,342	73.00
73.01	07301	CARDIAC REHAB	0	360,689	360,689	73.01
73.02	07302	WOUND CARE	0	522,546	522,546	73.02
73.03	07303	SLEEP LAB	0	1,112,412	1,112,412	73.03
73.04	03950	DIETARY EDUCATION	61,776	21,927	83,703	73.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	14,449,597	14,449,597	88.00
90.00	09000	CLINIC	0	1,324,934	1,324,934	90.00
90.01	09001	GERI PSYCH CLINIC	0	580,005	580,005	90.01
91.00	09100	EMERGENCY	38,088	11,735,348	11,773,436	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,132	828,316	837,448	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	6,456,629	6,456,629	95.00
200.00		Subtotal (see instructions)	55,820,892	140,365,055	196,185,947	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	55,820,892	140,365,055	196,185,947	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/26/2019 2:29 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	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	0.214005		50.00
51.00	05100 RECOVERY ROOM	0.184819		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.130824		52.00
53.00	05300 ANESTHESIOLOGY	0.176983		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.192990		54.00
56.00	05600 RADIOISOTOPE	0.288060		56.00
60.00	06000 LABORATORY	0.164109		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.232032		63.00
64.00	06400 INTRAVENOUS THERAPY	0.075835		64.00
65.00	06500 RESPIRATORY THERAPY	0.233712		65.00
66.00	06600 PHYSICAL THERAPY	0.349807		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.319313		67.00
68.00	06800 SPEECH PATHOLOGY	0.726682		68.00
69.00	06900 ELECTROCARDIOLOGY	0.040374		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.253285		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.291537		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.206084		73.00
73.01	07301 CARDIAC REHAB	0.563621		73.01
73.02	07302 WOUND CARE	1.458654		73.02
73.03	07303 SLEEP LAB	0.361773		73.03
73.04	03950 DIETARY EDUCATION	1.070511		73.04
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
90.00	09000 CLINIC	0.473055		90.00
90.01	09001 GERI PSYCH CLINIC	1.330683		90.01
91.00	09100 EMERGENCY	0.346548		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.787455		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.515377		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 10/01/2017
To 09/30/2018

Worksheet C
Part I
Date/Time Prepared:
2/26/2019 2:29 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		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	6,485,977		6,485,977	0	6,485,977	30.00
31.00	03100 INTENSIVE CARE UNIT	117,799		117,799	0	117,799	31.00
43.00	04300 NURSERY	648,076		648,076	0	648,076	43.00
44.00	04400 SKILLED NURSING FACILITY	122,129		122,129	0	122,129	44.00
46.00	04600 OTHER LONG TERM CARE	4,412,715		4,412,715	0	4,412,715	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,754,930		5,754,930	0	5,754,930	50.00
51.00	05100 RECOVERY ROOM	745,128		745,128	0	745,128	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	371,565		371,565	0	371,565	52.00
53.00	05300 ANESTHESIOLOGY	321,084		321,084	0	321,084	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,736,545		5,736,545	0	5,736,545	54.00
56.00	05600 RADIO SOTOPE	316,890		316,890	0	316,890	56.00
60.00	06000 LABORATORY	3,420,498		3,420,498	0	3,420,498	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	108,715		108,715	0	108,715	63.00
64.00	06400 INTRAVENOUS THERAPY	164,953		164,953	0	164,953	64.00
65.00	06500 RESPIRATORY THERAPY	985,273	0	985,273	0	985,273	65.00
66.00	06600 PHYSICAL THERAPY	2,821,213	0	2,821,213	0	2,821,213	66.00
67.00	06700 OCCUPATIONAL THERAPY	442,799	0	442,799	0	442,799	67.00
68.00	06800 SPEECH PATHOLOGY	78,643	0	78,643	0	78,643	68.00
69.00	06900 ELECTROCARDIOLOGY	52,525		52,525	0	52,525	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,810,723		1,810,723	0	1,810,723	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,759,573		4,759,573	0	4,759,573	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,829,944		3,829,944	0	3,829,944	73.00
73.01	07301 CARDIAC REHAB	203,292		203,292	0	203,292	73.01
73.02	07302 WOUND CARE	762,214		762,214	0	762,214	73.02
73.03	07303 SLEEP LAB	402,441		402,441	0	402,441	73.03
73.04	03950 DIETARY EDUCATION	89,605		89,605	0	89,605	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	16,629,598		16,629,598	0	16,629,598	88.00
90.00	09000 CLINIC	626,766		626,766	0	626,766	90.00
90.01	09001 GERI PSYCH CLINIC	771,803		771,803	0	771,803	90.01
91.00	09100 EMERGENCY	4,080,062		4,080,062	0	4,080,062	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	659,453		659,453	0	659,453	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	3,327,599		3,327,599	0	3,327,599	95.00
200.00	Subtotal (see instructions)	71,060,530	0	71,060,530	0	71,060,530	200.00
201.00	Less Observation Beds	659,453		659,453	0	659,453	201.00
202.00	Total (see instructions)	70,401,077	0	70,401,077	0	70,401,077	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/26/2019 2:29 pm
--	--	-----------------------	---	---

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	Cost
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,675,075		7,675,075		30.00
31.00	03100	INTENSIVE CARE UNIT	72,466		72,466		31.00
43.00	04300	NURSERY	705,476		705,476		43.00
44.00	04400	SKILLED NURSING FACILITY	62,858		62,858		44.00
46.00	04600	OTHER LONG TERM CARE	3,144,111		3,144,111		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,588,567	18,303,035	26,891,602	0.214005	50.00
51.00	05100	RECOVERY ROOM	751,611	3,280,055	4,031,666	0.184819	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,531,677	308,504	2,840,181	0.130824	52.00
53.00	05300	ANESTHESIOLOGY	246,009	1,568,196	1,814,205	0.176983	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,934,587	27,789,944	29,724,531	0.192990	54.00
56.00	05600	RADIOISOTOPE	15,611	1,084,472	1,100,083	0.288060	56.00
60.00	06000	LABORATORY	1,558,636	19,284,143	20,842,779	0.164109	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	162,630	305,904	468,534	0.232032	63.00
64.00	06400	INTRAVENOUS THERAPY	40,170	2,134,979	2,175,149	0.075835	64.00
65.00	06500	RESPIRATORY THERAPY	3,134,224	1,081,531	4,215,755	0.233712	65.00
66.00	06600	PHYSICAL THERAPY	1,386,951	6,678,105	8,065,056	0.349807	66.00
67.00	06700	OCCUPATIONAL THERAPY	937,834	448,891	1,386,725	0.319313	67.00
68.00	06800	SPEECH PATHOLOGY	16,942	91,280	108,222	0.726682	68.00
69.00	06900	ELECTROCARDIOLOGY	60,727	1,240,248	1,300,975	0.040374	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,940,633	4,208,311	7,148,944	0.253285	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,607,922	2,717,891	16,325,813	0.291537	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,137,179	12,447,163	18,584,342	0.206084	73.00
73.01	07301	CARDIAC REHAB	0	360,689	360,689	0.563621	73.01
73.02	07302	WOUND CARE	0	522,546	522,546	1.458654	73.02
73.03	07303	SLEEP LAB	0	1,112,412	1,112,412	0.361773	73.03
73.04	03950	DIETARY EDUCATION	61,776	21,927	83,703	1.070511	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	14,449,597	14,449,597	1.150869	88.00
90.00	09000	CLINIC	0	1,324,934	1,324,934	0.473055	90.00
90.01	09001	GERI PSYCH CLINIC	0	580,005	580,005	1.330683	90.01
91.00	09100	EMERGENCY	38,088	11,735,348	11,773,436	0.346548	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,132	828,316	837,448	0.787455	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	6,456,629	6,456,629	0.515377	95.00
200.00		Subtotal (see instructions)	55,820,892	140,365,055	196,185,947		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	55,820,892	140,365,055	196,185,947		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/26/2019 2:29 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	07301 CARDIAC REHAB	0.000000		73.01
73.02	07302 WOUND CARE	0.000000		73.02
73.03	07303 SLEEP LAB	0.000000		73.03
73.04	03950 DIETARY EDUCATION	0.000000		73.04
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
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 10/01/2017 To 09/30/2018	Worksheet D Part II Date/Time Prepared: 2/26/2019 2:29 pm
--	--	-----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital 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	395,672	26,891,602	0.014714	3,477,789	51,172	50.00
51.00	05100 RECOVERY ROOM	31,403	4,031,666	0.007789	290,808	2,265	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	64,974	2,840,181	0.022877	0	0	52.00
53.00	05300 ANESTHESIOLOGY	22,431	1,814,205	0.012364	88,379	1,093	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	787,546	29,724,531	0.026495	945,824	25,060	54.00
56.00	05600 RADIOISOTOPE	9,066	1,100,083	0.008241	12,500	103	56.00
60.00	06000 LABORATORY	151,783	20,842,779	0.007282	659,370	4,802	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,570	468,534	0.003351	100,021	335	63.00
64.00	06400 INTRAVENOUS THERAPY	0	2,175,149	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	46,657	4,215,755	0.011067	1,615,581	17,880	65.00
66.00	06600 PHYSICAL THERAPY	119,826	8,065,056	0.014857	356,701	5,300	66.00
67.00	06700 OCCUPATIONAL THERAPY	6,701	1,386,725	0.004832	206,516	998	67.00
68.00	06800 SPEECH PATHOLOGY	1,136	108,222	0.010497	4,827	51	68.00
69.00	06900 ELECTROCARDIOLOGY	6,525	1,300,975	0.005015	37,756	189	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	26,135	7,148,944	0.003656	965,626	3,530	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	69,444	16,325,813	0.004254	6,026,353	25,636	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	67,571	18,584,342	0.003636	2,337,709	8,500	73.00
73.01	07301 CARDIAC REHAB	25,760	360,689	0.071419	0	0	73.01
73.02	07302 WOUND CARE	37,782	522,546	0.072304	0	0	73.02
73.03	07303 SLEEP LAB	21,971	1,112,412	0.019751	0	0	73.03
73.04	03950 DIETARY EDUCATION	1,294	83,703	0.015459	11,154	172	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	638,482	14,449,597	0.044187	0	0	88.00
90.00	09000 CLINIC	42,079	1,324,934	0.031759	0	0	90.00
90.01	09001 GERI PSYCH CLINIC	13,238	580,005	0.022824	0	0	90.01
91.00	09100 EMERGENCY	171,291	11,773,436	0.014549	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	39,706	837,448	0.047413	180	9	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	2,800,043	178,069,332		17,137,094	147,095	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet D
Part IV
Date/Time Prepared:
2/26/2019 2:29 pm

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	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	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/26/2019 2:29 pm
--	-----------------------	---	--

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, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	8.00		
4.00	5.00	6.00	7.00	8.00				
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	26,891,602	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	4,031,666	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,840,181	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,814,205	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	29,724,531	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	1,100,083	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	20,842,779	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	468,534	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	2,175,149	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,215,755	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,065,056	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,386,725	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	108,222	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,300,975	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,148,944	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,325,813	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	18,584,342	0.000000	73.00
73.01	07301	CARDIAC REHAB	0	0	0	360,689	0.000000	73.01
73.02	07302	WOUND CARE	0	0	0	522,546	0.000000	73.02
73.03	07303	SLEEP LAB	0	0	0	1,112,412	0.000000	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	83,703	0.000000	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	14,449,597	0.000000	88.00
90.00	09000	CLINIC	0	0	0	1,324,934	0.000000	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	580,005	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	11,773,436	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	837,448	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	178,069,332		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/26/2019 2:29 pm
--	-----------------------	---	--

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)	Cost
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	3,477,789	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	290,808	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	88,379	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	945,824	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0.000000	12,500	0	0	0	56.00
60.00	06000 LABORATORY	0.000000	659,370	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	100,021	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	1,615,581	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	356,701	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	206,516	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	4,827	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	37,756	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	965,626	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	6,026,353	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	2,337,709	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	11,154	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	180	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		17,137,094	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/26/2019 2:29 pm
		Title XVIII	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.214005	0	5,442,026	0	0	50.00
51.00	05100 RECOVERY ROOM	0.184819	0	1,005,450	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.130824	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.176983	0	557,919	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.192990	0	8,504,850	8	0	54.00
56.00	05600 RADIOISOTOPE	0.288060	0	454,393	14	0	56.00
60.00	06000 LABORATORY	0.164109	0	6,288,282	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.232032	0	77,278	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.075835	0	697,670	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.233712	0	437,972	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.349807	0	1,968,000	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.319313	0	120,831	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.726682	0	23,473	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.040374	0	508,847	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.253285	0	1,142,487	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.291537	0	1,211,442	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.206084	0	4,479,168	565	0	73.00
73.01	07301 CARDIAC REHAB	0.563621	0	192,998	0	0	73.01
73.02	07302 WOUND CARE	1.458654	0	249,726	0	0	73.02
73.03	07303 SLEEP LAB	0.361773	0	299,535	0	0	73.03
73.04	03950 DIETARY EDUCATION	1.070511	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	0.473055	0	492,246	0	0	90.00
90.01	09001 GERI PSYCH CLINIC	1.330683	0	478,184	0	0	90.01
91.00	09100 EMERGENCY	0.346548	0	3,298,479	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.787455	0	318,453	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.515377		0			95.00
200.00	Subtotal (see instructions)		0	38,249,709	587	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	38,249,709	587	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/26/2019 2:29 pm
		Title XVIII	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	1,164,621	0	50.00
51.00	05100 RECOVERY ROOM	185,826	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	98,742	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,641,351	2	54.00
56.00	05600 RADIOISOTOPE	130,892	4	56.00
60.00	06000 LABORATORY	1,031,964	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	17,931	0	63.00
64.00	06400 INTRAVENOUS THERAPY	52,908	0	64.00
65.00	06500 RESPIRATORY THERAPY	102,359	0	65.00
66.00	06600 PHYSICAL THERAPY	688,420	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	38,583	0	67.00
68.00	06800 SPEECH PATHOLOGY	17,057	0	68.00
69.00	06900 ELECTROCARDIOLOGY	20,544	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	289,375	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	353,180	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	923,085	116	73.00
73.01	07301 CARDIAC REHAB	108,778	0	73.01
73.02	07302 WOUND CARE	364,264	0	73.02
73.03	07303 SLEEP LAB	108,364	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	232,859	0	90.00
90.01	09001 GERI PSYCH CLINIC	636,311	0	90.01
91.00	09100 EMERGENCY	1,143,081	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	250,767	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	9,601,262	122	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 - line 201)	9,601,262	122	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-1317 Component CCN: 14-Z317	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/26/2019 2:29 pm
Title XVIII			Swing Beds - SNF	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.214005	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.184819	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.130824	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.176983	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.192990	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0.288060	0	0	0	56.00
60.00	06000 LABORATORY	0.164109	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.232032	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.075835	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.233712	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.349807	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.319313	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.726682	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.040374	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.253285	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.291537	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.206084	0	0	0	73.00
73.01	07301 CARDIAC REHAB	0.563621	0	0	0	73.01
73.02	07302 WOUND CARE	1.458654	0	0	0	73.02
73.03	07303 SLEEP LAB	0.361773	0	0	0	73.03
73.04	03950 DIETARY EDUCATION	1.070511	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000				88.00
90.00	09000 CLINIC	0.473055	0	0	0	90.00
90.01	09001 GERI PSYCH CLINIC	1.330683	0	0	0	90.01
91.00	09100 EMERGENCY	0.346548	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.787455	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.515377		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 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/26/2019 2:29 pm
Title XVIII			Swing Beds - SNF	Cost

Cost Center Description	Costs			Cost	
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	56.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	73.01
73.02	07302	WOUND CARE	0	0	73.02
73.03	07303	SLEEP LAB	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
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 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/26/2019 2:29 pm
--	---	---	--

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 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/26/2019 2:29 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 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	26,891,602	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	4,031,666	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	2,840,181	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	1,814,205	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	29,724,531	0.000000	54.00
56.00	05600 RADIOISOTOPE	0	0	0	1,100,083	0.000000	56.00
60.00	06000 LABORATORY	0	0	0	20,842,779	0.000000	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	468,534	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	2,175,149	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	4,215,755	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	8,065,056	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	1,386,725	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	108,222	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	1,300,975	0.000000	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,148,944	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,325,813	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	18,584,342	0.000000	73.00
73.01	07301 CARDIAC REHAB	0	0	0	360,689	0.000000	73.01
73.02	07302 WOUND CARE	0	0	0	522,546	0.000000	73.02
73.03	07303 SLEEP LAB	0	0	0	1,112,412	0.000000	73.03
73.04	03950 DIETARY EDUCATION	0	0	0	83,703	0.000000	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	14,449,597	0.000000	88.00
90.00	09000 CLINIC	0	0	0	1,324,934	0.000000	90.00
90.01	09001 GERI PSYCH CLINIC	0	0	0	580,005	0.000000	90.01
91.00	09100 EMERGENCY	0	0	0	11,773,436	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	837,448	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	178,069,332		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-1317 Component CCN: 14-5979		Period: From 10/01/2017 To 09/30/2018		Worksheet D Part IV Date/Time Prepared: 2/26/2019 2:29 pm	
				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	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,153	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
60.00	06000	LABORATORY	0.000000	11,902	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	167,880	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,467	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	5,617	0	0	73.00
73.01	07301	CARDIAC REHAB	0.000000	0	0	0	73.01
73.02	07302	WOUND CARE	0.000000	0	0	0	73.02
73.03	07303	SLEEP LAB	0.000000	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0.000000	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0.000000	0	0	0	90.01
91.00	09100	EMERGENCY	0.000000	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		188,019	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/26/2019 2:29 pm
		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	0.214005	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.184819	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.130824	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.176983	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.192990	0	0	0	0	54.00
56.00 05600 RADIOISOTOPE	0.288060	0	0	0	0	56.00
60.00 06000 LABORATORY	0.164109	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.232032	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.075835	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.233712	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.349807	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.319313	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.726682	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.040374	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.253285	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.291537	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.206084	0	0	2,671	0	73.00
73.01 07301 CARDIAC REHAB	0.563621	0	0	0	0	73.01
73.02 07302 WOUND CARE	1.458654	0	0	0	0	73.02
73.03 07303 SLEEP LAB	0.361773	0	0	0	0	73.03
73.04 03950 DIETARY EDUCATION	1.070511	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	0.473055	0	0	0	0	90.00
90.01 09001 GERI PSYCH CLINIC	1.330683	0	0	0	0	90.01
91.00 09100 EMERGENCY	0.346548	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.787455	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.515377	0	0	0	0	95.00
200.00	Subtotal (see instructions)	0	0	2,671	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0		201.00
202.00	Net Charges (line 200 - line 201)	0	0	2,671	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/26/2019 2:29 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00 05600 RADIO SOTOPE	0	0	56.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	550	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	550	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	550	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-1317 Component CCN: 14-5979		Period: From 10/01/2017 To 09/30/2018		Worksheet D Part IV Date/Time Prepared: 2/26/2019 2:29 pm	
				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	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	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
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	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 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/26/2019 2:29 pm
Title XIX		Skilled Nursing Facility	PPS

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 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	26,891,602	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	4,031,666	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	2,840,181	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	1,814,205	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	29,724,531	0.000000	54.00
56.00	05600 RADIOISOTOPE	0	0	0	1,100,083	0.000000	56.00
60.00	06000 LABORATORY	0	0	0	20,842,779	0.000000	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	468,534	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	2,175,149	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	4,215,755	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	8,065,056	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	1,386,725	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	108,222	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	1,300,975	0.000000	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,148,944	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,325,813	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	18,584,342	0.000000	73.00
73.01	07301 CARDIAC REHAB	0	0	0	360,689	0.000000	73.01
73.02	07302 WOUND CARE	0	0	0	522,546	0.000000	73.02
73.03	07303 SLEEP LAB	0	0	0	1,112,412	0.000000	73.03
73.04	03950 DIETARY EDUCATION	0	0	0	83,703	0.000000	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	14,449,597	0.000000	88.00
90.00	09000 CLINIC	0	0	0	1,324,934	0.000000	90.00
90.01	09001 GERI PSYCH CLINIC	0	0	0	580,005	0.000000	90.01
91.00	09100 EMERGENCY	0	0	0	11,773,436	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	837,448	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	178,069,332		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/26/2019 2:29 pm
Title XIX		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	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 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/26/2019 2:29 pm
Cost Center Description		Title XVIII	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,031 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			2,647 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)			2,252 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			306 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)			917 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			40 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)			121 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			1,104 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)			225 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)			676 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		155.41	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)		6,485,977	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)		6,216	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)		18,805	25.00
26.00	Total swing-bed cost (see instructions)		2,066,820	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,419,157	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)		4,419,157	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)		1,669.50	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,843,128	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)		1,843,128	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/26/2019 2:29 pm		
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	117,799	24	4,908.29	20	98,166	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)					4,199,869	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,141,163	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)					375,638	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					1,128,582	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					1,504,220	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)					395	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,669.50	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					659,453	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1317		Period: From 10/01/2017 To 09/30/2018		Worksheet D-1 Date/Time Prepared: 2/26/2019 2:29 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	390,526	6,485,977	0.060211	659,453	39,706	90.00
91.00	Nursing School cost	0	6,485,977	0.000000	659,453	0	91.00
92.00	Allied health cost	0	6,485,977	0.000000	659,453	0	92.00
93.00	All other Medical Education	0	6,485,977	0.000000	659,453	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/26/2019 2:29 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		234	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		234	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)		234	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)		234	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)		122,129	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)		122,129	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)		122,129	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 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/26/2019 2:29 pm
				Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges						54.00
55.00 Target amount per discharge						55.00
56.00 Target amount (line 54 x line 55)						56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00 Bonus payment (see instructions)						58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00 Relief payment (see instructions)						62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					122,129	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					521.92	71.00
72.00 Program routine service cost (line 9 x line 71)					122,129	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)					122,129	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)					122,129	83.00
84.00 Program inpatient ancillary services (see instructions)					62,432	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)					184,561	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 10/01/2017 To 09/30/2018		Worksheet D-1 Date/Time Prepared: 2/26/2019 2:29 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/26/2019 2:29 pm
		Title XIX	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		234	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		234	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)		234	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)		344	15.00
16.00	Nursery days (title V or XIX only)		86	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)		122,129	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)		122,129	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)		122,129	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 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/26/2019 2:29 pm
				Title XIX	Skilled Nursing Facility	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges						54.00
55.00 Target amount per discharge						55.00
56.00 Target amount (line 54 x line 55)						56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00 Bonus payment (see instructions)						58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00 Relief payment (see instructions)						62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					122,129	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					521.92	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)					12,213	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					52.19	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 10/01/2017 To 09/30/2018		Worksheet D-1 Date/Time Prepared: 2/26/2019 2:29 pm	
		Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet D-3 Date/Time Prepared: 2/26/2019 2:29 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,886,970	30.00
31.00	03100	INTENSIVE CARE UNIT		51,353	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.214005	3,477,789	744,264 50.00
51.00	05100	RECOVERY ROOM	0.184819	290,808	53,747 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.130824	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.176983	88,379	15,642 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.192990	945,824	182,535 54.00
56.00	05600	RADIOISOTOPE	0.288060	12,500	3,601 56.00
60.00	06000	LABORATORY	0.164109	659,370	108,209 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.232032	100,021	23,208 63.00
64.00	06400	INTRAVENOUS THERAPY	0.075835	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.233712	1,615,581	377,581 65.00
66.00	06600	PHYSICAL THERAPY	0.349807	356,701	124,777 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.319313	206,516	65,943 67.00
68.00	06800	SPEECH PATHOLOGY	0.726682	4,827	3,508 68.00
69.00	06900	ELECTROCARDIOLOGY	0.040374	37,756	1,524 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.253285	965,626	244,579 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.291537	6,026,353	1,756,905 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206084	2,337,709	481,764 73.00
73.01	07301	CARDIAC REHAB	0.563621	0	0 73.01
73.02	07302	WOUND CARE	1.458654	0	0 73.02
73.03	07303	SLEEP LAB	0.361773	0	0 73.03
73.04	03950	DIETARY EDUCATION	1.070511	11,154	11,940 73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
90.00	09000	CLINIC	0.473055	0	0 90.00
90.01	09001	GERI PSYCH CLINIC	1.330683	0	0 90.01
91.00	09100	EMERGENCY	0.346548	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.787455	180	142 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)		17,137,094	4,199,869 200.00
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)		17,137,094	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1317 Component CCN: 14-Z317	Period: From 10/01/2017 To 09/30/2018	Worksheet D-3 Date/Time Prepared: 2/26/2019 2:29 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.214005	0	50.00
51.00	05100	RECOVERY ROOM	0.184819	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.130824	0	52.00
53.00	05300	ANESTHESIOLOGY	0.176983	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.192990	58,481	54.00
56.00	05600	RADIOISOTOPE	0.288060	1,515	56.00
60.00	06000	LABORATORY	0.164109	147,097	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.232032	31,732	63.00
64.00	06400	INTRAVENOUS THERAPY	0.075835	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.233712	307,037	65.00
66.00	06600	PHYSICAL THERAPY	0.349807	320,792	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.319313	239,322	67.00
68.00	06800	SPEECH PATHOLOGY	0.726682	5,034	68.00
69.00	06900	ELECTROCARDIOLOGY	0.040374	12,620	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.253285	488,637	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.291537	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206084	519,965	73.00
73.01	07301	CARDIAC REHAB	0.563621	0	73.01
73.02	07302	WOUND CARE	1.458654	0	73.02
73.03	07303	SLEEP LAB	0.361773	0	73.03
73.04	03950	DIETARY EDUCATION	1.070511	0	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
90.00	09000	CLINIC	0.473055	0	90.00
90.01	09001	GERI PSYCH CLINIC	1.330683	0	90.01
91.00	09100	EMERGENCY	0.346548	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.787455	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)		2,132,232	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)		2,132,232	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2017 To 09/30/2018	Worksheet D-3 Date/Time Prepared: 2/26/2019 2:29 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		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	0.214005	0	50.00
51.00	05100	RECOVERY ROOM	0.184819	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.130824	0	52.00
53.00	05300	ANESTHESIOLOGY	0.176983	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.192990	1,153	223 54.00
56.00	05600	RADIOISOTOPE	0.288060	0	56.00
60.00	06000	LABORATORY	0.164109	11,902	1,953 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.232032	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.075835	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.233712	0	65.00
66.00	06600	PHYSICAL THERAPY	0.349807	167,880	58,726 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.319313	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.726682	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.040374	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.253285	1,467	372 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.291537	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206084	5,617	1,158 73.00
73.01	07301	CARDIAC REHAB	0.563621	0	73.01
73.02	07302	WOUND CARE	1.458654	0	73.02
73.03	07303	SLEEP LAB	0.361773	0	73.03
73.04	03950	DIETARY EDUCATION	1.070511	0	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
90.00	09000	CLINIC	0.473055	0	90.00
90.01	09001	GERI PSYCH CLINIC	1.330683	0	90.01
91.00	09100	EMERGENCY	0.346548	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.787455	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)		188,019	62,432 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		188,019	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part B Date/Time Prepared: 2/26/2019 2:29 pm
		Title XVIII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			9,601,384 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)			9,601,384 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 (see instructions)			9,697,398 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 amounts (for CAH, see instructions)			64,960 25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			6,417,306 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)			3,215,132 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)			3,215,132 30.00
31.00	Primary payer payments			1,323 31.00
32.00	Subtotal (line 30 minus line 31)			3,213,809 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)			744,143 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			483,693 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			532,238 36.00
37.00	Subtotal (see instructions)			3,697,502 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)			3,697,502 40.00
40.01	Sequestration adjustment (see instructions)			73,950 40.01
40.02	Demonstration payment adjustment amount after sequestration			0 40.02
41.00	Interim payments			3,699,045 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			-75,493 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 10/01/2017 To 09/30/2018	Worksheet E Part B Date/Time Prepared: 2/26/2019 2:29 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		550	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)		550	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		2,671	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)		2,671	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)		2,671	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,121	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 (see instructions)		550	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 amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts 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)		550	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)		550	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		550	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)		550	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)			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)		550	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		471	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		68	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 10/01/2017 To 09/30/2018		Worksheet E-1 Part I Date/Time Prepared: 2/26/2019 2:29 pm	
		Title XVIII		Hospital		Cost	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		6,578,192		3,622,469	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	04/12/2018	187,260	04/12/2018	76,576	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)		187,260		76,576	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)		6,765,452		3,699,045	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		1,071,275		75,493	6.02	
7.00	Total Medicare program liability (see instructions)		5,694,177		3,623,552	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-Z317

Period:
From 10/01/2017
To 09/30/2018

Worksheet E-1
Part I
Date/Time Prepared:
2/26/2019 2:29 pm

		Title XVIII		Swing Beds - SNF		Cost	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		2,126,698		0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,126,698		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		114,267		0	6.02	
7.00	Total Medicare program liability (see instructions)		2,012,431		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 10/01/2017
To 09/30/2018

Worksheet E-1
Part I
Date/Time Prepared:
2/26/2019 2:29 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		73,757		471	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)		73,757		471	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		68	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		73,757		539	7.00
		0		Contractor Number 1.00	NPR Date (Mo/Day/Yr) 2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet E-1 Part II Date/Time Prepared: 2/26/2019 2:29 pm
		Title XVIII	Hospital	Cost
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			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	Period: From 10/01/2017 To 09/30/2018	Worksheet E-2
		Component CCN: 14-Z317		Date/Time Prepared: 2/26/2019 2:29 pm
		Title XVIII	Swing Beds - SNF	Cost
		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	1,519,262	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)	544,092	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	901	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)	2,063,354	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	2,063,354	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)	2,063,354	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	9,853	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)	2,053,501	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			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)	2,053,501	0	19.00
19.01	Sequestration adjustment (see instructions)	41,070	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)	0	0	19.02
20.00	Interim payments	2,126,698	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)	-114,267	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 10/01/2017 To 09/30/2018	Worksheet E-3 Part V Date/Time Prepared: 2/26/2019 2:29 pm
		Title XVIII	Hospital	Cost
				1.00
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT				
1.00	Inpatient services			6,141,163 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)			6,141,163 4.00
5.00	Primary payer payments			0 5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)			6,202,575 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)			6,202,575 19.00
20.00	Deductibles (exclude professional component)			412,212 20.00
21.00	Excess reasonable cost (from line 16)			0 21.00
22.00	Subtotal (line 19 minus line 20 and 21)			5,790,363 22.00
23.00	Coinurance			0 23.00
24.00	Subtotal (line 22 minus line 23)			5,790,363 24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			30,803 25.00
26.00	Adjusted reimbursable bad debts (see instructions)			20,022 26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			28,792 27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)			5,810,385 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)			5,810,385 30.00
30.01	Sequestration adjustment (see instructions)			116,208 30.01
30.02	Demonstration payment adjustment amount after sequestration			0 30.02
31.00	Interim payments			6,765,452 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)			-1,071,275 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 10/01/2017 To 09/30/2018	Worksheet E-3 Part VI Date/Time Prepared: 2/26/2019 2:29 pm
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		88,997	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)		88,997	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		13,735	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)		75,262	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)		75,262	15.00
15.01	Sequestration adjustment (see instructions)		1,505	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		73,757	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)		0	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 10/01/2017 To 09/30/2018	Worksheet E-3 Part VII Date/Time Prepared: 2/26/2019 2:29 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital /SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2017 To 09/30/2018	Worksheet E-3 Part VII Date/Time Prepared: 2/26/2019 2:29 pm
		Title XIX	Skilled Nursing Facility	PPS
			Inpatient 1.00	Outpatient 2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital /SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		0	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	43.00

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

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet G

Date/Time Prepared:
2/26/2019 2:29 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	432,889	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	19,809,231	0	0	0	4.00
5.00	Other receivable	580,529	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	878,027	0	0	0	7.00
8.00	Prepaid expenses	1,233,906	0	0	0	8.00
9.00	Other current assets	2,102,538	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)	25,037,120	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,102,242	0	0	0	12.00
13.00	Land improvements	1,983,569	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	44,743,741	0	0	0	15.00
16.00	Accumulated depreciation	-41,317,631	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	24,278,198	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)	30,790,119	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	8,446,209	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	542,838	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,989,047	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	64,816,286	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,828,577	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)	7,834,578	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	5,499,243	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	22,162,398	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	17,429,070	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)	17,429,070	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	39,591,468	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	25,224,818				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)	25,224,818	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	64,816,286	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-1317

Period:
From 10/01/2017
To 09/30/2018

Worksheet G-1

Date/Time Prepared:
2/26/2019 2:29 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		24,436,973		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		787,845				2.00
3.00	Total (sum of line 1 and line 2)		25,224,818		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)		25,224,818		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)		25,224,818		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 10/01/2017
To 09/30/2018

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/26/2019 2:29 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	14,233,329		14,233,329	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	62,858		62,858	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	3,406,686		3,406,686	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	17,702,873		17,702,873	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	72,466		72,466	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	72,466		72,466	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	17,775,339		17,775,339	17.00
18.00	Ancillary services	44,677,408	115,721,235	160,398,643	18.00
19.00	Outpatient services	1,064,290	17,633,911	18,698,201	19.00
20.00	RURAL HEALTH CLINIC	0	14,449,597	14,449,597	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	6,456,629	6,456,629	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	0	21,468,815	21,468,815	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	63,517,037	175,730,187	239,247,224	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		99,063,316		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)		99,063,316		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 14-1317	Period: From 10/01/2017 To 09/30/2018	Worksheet G-3 Date/Time Prepared: 2/26/2019 2:29 pm
------------------------------------	-----------------------	---	---

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	239,247,224	1.00
2.00	Less contractual allowances and discounts on patients' accounts	139,396,000	2.00
3.00	Net patient revenues (line 1 minus line 2)	99,851,224	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	99,063,316	4.00
5.00	Net income from service to patients (line 3 minus line 4)	787,908	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,322,975	6.00
7.00	Income from investments	379,421	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	3,561,522	24.00
24.01	GRANT INCOME	575,866	24.01
24.02	REALIZED GAIN	206,008	24.02
24.03	OTHER (SPECIFY)	0	24.03
24.04	UNREALIZED GAINS	25,571	24.04
24.05	NET ASSETS REALED	1,509,209	24.05
25.00	Total other income (sum of lines 6-24)	7,580,572	25.00
26.00	Total (line 5 plus line 25)	8,368,480	26.00
27.00	ACCOUNTS IN MISC REV ON AFS	588,987	27.00
27.01	BAD DEBTS	5,620,089	27.01
27.02	CHANGE IN TEMP RESTRICT NET ASSETS	1,371,559	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	7,580,635	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	787,845	29.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-1317

Period: From 10/01/2017

Worksheet M-1

Component CCN: 14-3408

To 09/30/2018

Date/Time Prepared: 2/26/2019 2:29 pm

		RHC I		Cost			
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	4,269,933	0	4,269,933	0	4,269,933	1.00
2.00	Physician Assistant	230,801	0	230,801	0	230,801	2.00
3.00	Nurse Practitioner	1,579,937	0	1,579,937	0	1,579,937	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	1,813,590	0	1,813,590	0	1,813,590	5.00
6.00	Clinical Psychologist	0	0	0	170,996	170,996	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)	7,894,261	0	7,894,261	170,996	8,065,257	10.00
11.00	Physician Services Under Agreement	100,408	0	100,408	0	100,408	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)	100,408	0	100,408	0	100,408	14.00
15.00	Medical Supplies	0	758,814	758,814	0	758,814	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	758,814	758,814	0	758,814	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	7,994,669	758,814	8,753,483	170,996	8,924,479	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	1,180,172	1,610,533	2,790,705	974,069	3,764,774	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	1,180,172	1,610,533	2,790,705	974,069	3,764,774	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	9,174,841	2,369,347	11,544,188	1,145,065	12,689,253	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS		Provider CCN: 14-1317 Component CCN: 14-3408	Period: From 10/01/2017 To 09/30/2018	Worksheet M-1 Date/Time Prepared: 2/26/2019 2:29 pm
			RHC I	Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	-182,390	4,087,543	1.00
2.00	Physician Assistant	0	230,801	2.00
3.00	Nurse Practitioner	0	1,579,937	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	1,813,590	5.00
6.00	Clinical Psychologist	0	170,996	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	9.00
10.00	Subtotal (sum of lines 1 through 9)	-182,390	7,882,867	10.00
11.00	Physician Services Under Agreement	0	100,408	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	100,408	14.00
15.00	Medical Supplies	0	758,814	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	17.00
18.00	Professional Liability Insurance	0	0	18.00
19.00	Other Health Care Costs	0	0	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	758,814	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-182,390	8,742,089	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	0	25.01
25.02	Chronic Care Management	0	0	25.02
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	0	0	29.00
30.00	Administrative Costs	-124,331	3,640,443	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-124,331	3,640,443	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-306,721	12,382,532	32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-1317 Component CCN: 14-3408	Period: From 10/01/2017 To 09/30/2018	Worksheet M-2 Date/Time Prepared: 2/26/2019 2:29 pm
--	--	---	---	---

		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	5.38	23,852	4,200	22,596	1.00
2.00	Physician Assistant	0.36	5,401	2,100	756	2.00
3.00	Nurse Practitioner	7.98	21,939	2,100	16,758	3.00
4.00	Subtotal (sum of lines 1 through 3)	13.72	51,192		40,110	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	2.82	1,659		1,659	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)	16.54	52,851			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)				8,742,089	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)				8,742,089	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)				3,640,443	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				4,247,066	15.00
16.00	Total overhead (sum of lines 14 and 15)				7,887,509	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Enter the amount from line 16				7,887,509	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				7,887,509	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				16,629,598	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-1317 Component CCN: 14-3408	Period: From 10/01/2017 To 09/30/2018	Worksheet M-3 Date/Time Prepared: 2/26/2019 2:29 pm	
		Title XVIII	RHC I	Cost	
				1.00	
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES					
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			16,629,598	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			377,066	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			16,252,532	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			52,851	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)			52,851	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			307.52	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)	82.30	83.45		8.00
9.00	Rate for Program covered visits (see instructions)	307.52	307.52		9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)	0	11,907		10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	3,661,641		11.00
12.00	Program covered visits for mental health services (from contractor records)	0	5		12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	1,538		13.00
14.00	Limit adjustment for mental health services (see instructions)	0	1,538		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	3,663,179		16.00
16.01	Total program charges (see instructions)(from contractor's records)		2,549,321		16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		163,116		16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		234,385		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.)		2,608,278		16.04
16.05	Total program cost (see instructions)	0	2,842,663		16.05
17.00	Primary payer amounts		0		17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		168,447		18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		443,552		19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		2,842,663		20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		142,864		21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		2,985,527		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)		2,985,527		26.00
26.01	Sequestration adjustment (see instructions)		59,711		26.01
26.02	Demonstration payment adjustment amount after sequestration		0		26.02
27.00	Interim payments		2,846,202		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)		79,614		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 10/01/2017 To 09/30/2018	Worksheet M-4 Date/Time Prepared: 2/26/2019 2:29 pm
		Title XVIII	RHC I	Cost
		Pneumococcal	Influenza	
		1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	7,882,867	7,882,867	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.003249	0.007659	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	25,611	60,375	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	70,512	41,727	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	96,123	102,102	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	8,742,089	8,742,089	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	7,887,509	7,887,509	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.010995	0.011679	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	86,723	92,118	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	182,846	194,220	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	1,432	3,376	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	127.69	57.53	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	425	1,540	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	54,268	88,596	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)		377,066	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)		142,864	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 10/01/2017 To 09/30/2018	Worksheet M-5 Date/Time Prepared: 2/26/2019 2:29 pm
---	---	---	---

		RHC I	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		2,846,202	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		2,846,202	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		79,614	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		2,925,816	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00