

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0089	Period: From 07/01/2017 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 11/20/2018 11:21 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/20/2018	Time: 11:21 am
	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.

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 MCDONOUGH DISTRICT HOSPITAL (14-0089) for the cost reporting period beginning 07/01/2017 and ending 06/30/2018 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	-34,476	72,921	0	0	1.00
2.00	Subprovider - IPF	0	5	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00	HOME HEALTH AGENCY I	0	0	1		0	9.00
10.00	RURAL HEALTH CLINIC I	0		16,661		0	10.00
200.00	Total	0	-34,471	89,583	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: 14-0089		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/19/2018 3:39 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 525 E. GRANT			PO Box:				1.00		
2.00	City: MACOMB			State: IL		Zip Code: 61455-		County: MCDONOUGH		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		MCDONOUGH DISTRICT HOSPITAL	140089	99914	1	07/01/1966	N	P	O
4.00	Subprovider - IPF		MCDONOUGH DISTRICT HOSPITAL	14S089	99914	4	07/01/2015	N	P	O
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF		MDH SWING BEDS	14U089	99914		04/29/2015	N	P	N
8.00	Swing Beds - NF		MDH SWING BEDS	14U089	99914		04/29/2015	N		N
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA		MDH HOME HEALTH	147293	99914		12/14/1984	N	P	O
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		MDH HOSPICE	141524	99914		01/12/1989			
15.00	Hospital-Based Health Clinic - RHC		BUSHNELL FAMILY PRACTICE	148522	99914		01/31/2013	N	O	O
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2017	06/30/2018		20.00
21.00	Type of Control (see instructions)						11			21.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			947	0	0	0	170	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 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.			0	0	0	0	0	0	25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0089		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/19/2018 3:39 pm	
			Urban/Rural S		Date of Geogr			
			1.00		2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		2				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		2				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		1				35.00	
			Beginning:		Ending:			
			1.00		2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.		07/01/2017		06/30/2018		36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.		0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)		N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00	
			Y/N		Y/N			
			1.00		2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)		Y		Y		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)		N		N		40.00	
			V		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	
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	
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	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N		N		N	
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					
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.							
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.							
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N					
			NAHE 413.85 Y/N		Worksheet A Line #		Pass-Through Qualification Criterion 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	
			1.00		2.00		3.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N		0.00		0.00	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						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	

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

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

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			1.00	2.00	3.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital 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	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
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	N		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?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

Worksheet S-2
Part I
Date/Time Prepared:
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MCRIF32 - 14.7.166.2

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0089	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/19/2018 3:39 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. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0089		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part II Date/Time Prepared: 11/19/2018 3:39 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					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y					12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N					13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N					14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N					15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/30/2018	Y	10/30/2018		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet S-2
Part II
Date/Time Prepared:
11/19/2018 3:39 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 relifed for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
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.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				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.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAN		LINHART	41.00
42.00	Enter the employer/company name of the cost report preparer.	RSM US LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	563-888-4404		DAN.LINHART@RSMUS.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet S-2
Part II
Date/Time Prepared:
11/19/2018 3:39 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER - HC CONSULTING	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/19/2018 3:39 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
					5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	38	13,870	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		38	13,870	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	7	2,555	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		45	16,425	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	12	4,380		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		57				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		3	1,095			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/19/2018 3:39 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)	1,912	563	3,632			1.00
2.00	HMO and other (see instructions)	567	170				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	511	0	511			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	177			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	2,423	563	4,320			7.00
8.00	INTENSIVE CARE UNIT	369	128	1,036			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		243	550			13.00
14.00	Total (see instructions)	2,792	934	5,906	0.00	488.29	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,201	105	1,378	0.00	16.52	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	4,538	0	8,979	0.00	17.56	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	7.12	24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	1,443	843	4,963	0.00	6.69	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	536.18	27.00
28.00	Observation Bed Days		69	366			28.00
29.00	Ambulance Trips	8					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	13	48			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: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/19/2018 3:39 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	15.00	
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	601	209	1,406	1.00
2.00 HMO and other (see instructions)			150	1		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	601	209	1,406	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	107	5	151	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part II
Date/Time Prepared:
11/19/2018 3:39 pm

		Wkst. A Line Number	Amount Reported	Reclassificat ion of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	38,107,249	0	38,107,249	1,115,251.00	34.17	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		1,071,509	0	1,071,509	17,075.00	62.75	3.00
4.00	Physician-Part A - Administrative		185,865	0	185,865	1,584.00	117.34	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		2,097,794	0	2,097,794	22,622.00	92.73	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		250,467	0	250,467	10,204.00	24.55	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		13,319,244	0	13,319,244	348,845.00	38.18	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		806,959	0	806,959	11,643.00	69.31	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		7,594,492	0	7,594,492			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,970,448	0	3,970,448			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		243,438	0	243,438			21.00
22.00	Physician Part A - Administrative		24,950	0	24,950			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		341,102	0	341,102			23.00
24.00	Wage-related costs (RHC/FQHC)		103,211	0	103,211			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part II
Date/Time Prepared:
11/19/2018 3:39 pm

		Wkst. A Line Number	Amount Reported	Reclassificat ion of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	330,560	0	330,560	8,134.00	40.64	26.00
27.00	Administrative & General	5.00	4,432,719	0	4,432,719	160,555.00	27.61	27.00
28.00	Administrative & General under contract (see inst.)		238,665	0	238,665	3,318.00	71.93	28.00
29.00	Maintenance & Repairs	6.00	619,803	0	619,803	26,642.00	23.26	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		666,114	0	666,114	49,038.00	13.58	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		593,546	0	593,546	39,514.00	15.02	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	360,551	0	360,551	8,502.00	42.41	38.00
39.00	Central Services and Supply	14.00	288,096	19,564	307,660	18,740.00	16.42	39.00
40.00	Pharmacy	15.00	590,093	0	590,093	13,645.00	43.25	40.00
41.00	Medical Records & Medical Records Library	16.00	530,380	0	530,380	25,387.00	20.89	41.00
42.00	Social Service	17.00	228,637	0	228,637	7,564.00	30.23	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part III
Date/Time Prepared:
11/19/2018 3:39 pm

	Worksheet A Line Number	Amount Reported	Reclassificat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	36,185,804	0	36,185,804	1,157,220.00	31.27	1.00
2.00	Excluded area salaries (see instructions)	13,319,244	0	13,319,244	348,845.00	38.18	2.00
3.00	Subtotal salaries (line 1 minus line 2)	22,866,560	0	22,866,560	808,375.00	28.29	3.00
4.00	Subtotal other wages & related costs (see inst.)	806,959	0	806,959	11,643.00	69.31	4.00
5.00	Subtotal wage-related costs (see inst.)	7,619,442	0	7,619,442	0.00	33.32	5.00
6.00	Total (sum of lines 3 thru 5)	31,292,961	0	31,292,961	820,018.00	38.16	6.00
7.00	Total overhead cost (see instructions)	8,879,164	19,564	8,898,728	361,039.00	24.65	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0089	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 11/19/2018 3:39 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		861,155	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		8,357,725	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		318,680	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		49,010	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		124,686	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		-13,978	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		2,498,203	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		22,548	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		59,613	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		12,277,642	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part V
Date/Time Prepared:
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Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	806,959	12,277,642	1.00
2.00	Hospital	806,959	7,594,492	2.00
3.00	Subprovider - IPF	0	252,809	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	103,212	14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	4,327,129	18.00

Health Financial Systems		MCDONOUGH DISTRICT HOSPITAL			In Lieu of Form CMS-2552-10		
HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0089 Component CCN: 14-7293		Period: From 07/01/2017 To 06/30/2018	
				Home Health Agency I		Worksheet S-4 Date/Time Prepared: 11/19/2018 3:39 pm	
						PPS	
				1.00			
0.00 County				MCDONOUGH		0.00	
				Title V	Title XVIII	Title XIX	Other
				1.00	2.00	3.00	4.00
						Total	5.00
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	194.00	26.00	143.00	363.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.50	0.00	0.50	4.00
5.00	Other Administrative Personnel			3.00	0.00	3.00	5.00
6.00	Direct Nursing Service			8.53	0.00	8.53	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			2.58	0.00	2.58	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.39	0.00	1.39	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.16	0.00	0.16	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.07	0.00	0.07	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.33	0.00	1.33	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99914			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,860	732	46	44	2,682	21.00
22.00	Skilled Nursing Visit Charges	316,200	124,440	7,820	7,480	455,940	22.00
23.00	Physical Therapy Visits	731	209	21	12	973	23.00
24.00	Physical Therapy Visit Charges	124,270	35,530	3,570	2,040	165,410	24.00
25.00	Occupational Therapy Visits	422	137	2	5	566	25.00
26.00	Occupational Therapy Visit Charges	71,740	23,290	340	850	96,220	26.00
27.00	Speech Pathology Visits	18	30	1	0	49	27.00
28.00	Speech Pathology Visit Charges	3,060	5,100	170	0	8,330	28.00
29.00	Medical Social Service Visits	6	6	0	0	12	29.00
30.00	Medical Social Service Visit Charges	1,020	1,020	0	0	2,040	30.00
31.00	Home Health Aide Visits	92	163	1	0	256	31.00
32.00	Home Health Aide Visit Charges	10,327	18,297	112	0	28,736	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,129	1,277	71	61	4,538	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	526,617	207,677	12,012	10,370	756,676	35.00
36.00	Total Number of Episodes (standard/non outlier)	207		22	4	233	36.00
37.00	Total Number of Outlier Episodes		36		1	37	37.00
38.00	Total Non-Routine Medical Supply Charges	10,125	4,495	119	137	14,876	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-7

Date/Time Prepared:
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		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	04/29/2015		2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	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	10	7.00
8.00		RHL	0	13	8.00
9.00		RMX	0	5	9.00
10.00		RML	0	13	10.00
11.00		RLX	0	0	11.00
12.00		RUC	0	35	12.00
13.00		RUB	0	9	13.00
14.00		RUA	0	19	14.00
15.00		RVC	0	0	15.00
16.00		RVB	0	17	16.00
17.00		RVA	0	71	17.00
18.00		RHC	0	12	18.00
19.00		RHB	0	0	19.00
20.00		RHA	0	103	20.00
21.00		RMC	0	0	21.00
22.00		RMB	0	7	22.00
23.00		RMA	0	99	23.00
24.00		RLB	0	0	24.00
25.00		RLA	0	0	25.00
26.00		ES3	0	0	26.00
27.00		ES2	0	0	27.00
28.00		ES1	0	41	28.00
29.00		HE2	0	0	29.00
30.00		HE1	0	0	30.00
31.00		HD2	0	0	31.00
32.00		HD1	0	0	32.00
33.00		HC2	0	11	33.00
34.00		HC1	0	0	34.00
35.00		HB2	0	0	35.00
36.00		HB1	0	17	36.00
37.00		LE2	0	0	37.00
38.00		LE1	0	0	38.00
39.00		LD2	0	0	39.00
40.00		LD1	0	0	40.00
41.00		LC2	0	0	41.00
42.00		LC1	0	0	42.00
43.00		LB2	0	0	43.00
44.00		LB1	0	0	44.00
45.00		CE2	0	0	45.00
46.00		CE1	0	0	46.00
47.00		CD2	0	0	47.00
48.00		CD1	0	0	48.00
49.00		CC2	0	4	49.00
50.00		CC1	0	0	50.00
51.00		CB2	0	0	51.00
52.00		CB1	0	13	52.00
53.00		CA2	0	0	53.00
54.00		CA1	0	12	54.00
55.00		SE3	0	0	55.00
56.00		SE2	0	0	56.00
57.00		SE1	0	0	57.00
58.00		SSC	0	0	58.00
59.00		SSB	0	0	59.00
60.00		SSA	0	0	60.00
61.00		IB2	0	0	61.00
62.00		IB1	0	0	62.00
63.00		IA2	0	0	63.00
64.00		IA1	0	0	64.00
65.00		BB2	0	0	65.00
66.00		BB1	0	0	66.00
67.00		BA2	0	0	67.00
68.00		BA1	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-7

Date/Time Prepared:
11/19/2018 3:39 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	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	511	511	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	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			99914	99914	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing			0	0.00	202.00
203.00	Recruitment			0	0.00	203.00
204.00	Retention of employees			0	0.00	204.00
205.00	Training			0	0.00	205.00
206.00	OTHER (SPECIFY)			0	0.00	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)			0		207.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA				Provider CCN: 14-0089 Component CCN: 14-8522		Period: From 07/01/2017 To 06/30/2018		Worksheet S-8 Date/Time Prepared: 11/19/2018 3:39 pm	
				RHC I		Cost			
				1.00					
Clinic Address and Identification									
1.00	Street				115 W. HAIL ST				1.00
				City		State		ZIP Code	
				1.00		2.00		3.00	
2.00	City, State, ZIP Code, County				BUSHNELL		IL 61422		2.00
						1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban						0		3.00
				Grant Award		Date			
				1.00		2.00			
Source of Federal Funds									
4.00	Community Health Center (Section 330(d), PHS Act)								4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)								5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)								6.00
7.00	Appalachian Regional Commission								7.00
8.00	Look-Alikes								8.00
9.00	OTHER (SPECIFY)								9.00
						1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)				N		0		10.00
				Sunday		Monday		Tuesday	
				from to		from to		from	
				1.00 2.00		3.00 4.00		5.00	
Facility hours of operations (1)									
11.00	CLINIC				08:30		17:00		08:30
						1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?				N				12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.				N		0		13.00
				Provider name		CCN number			
				1.00		2.00			
14.00	RHC/FQHC name, CCN number								14.00
				Y/N		V		Total Visits	
				1.00		2.00		3.00 4.00 5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)								15.00
				County					
				4.00					
2.00	City, State, ZIP Code, County				MCDONOUGH				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		08:30		12:00
						08:30		17:00	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA			Provider CCN:14-0089	Period: From 07/01/2017	Worksheet S-8	
			Component CCN:14-8522	To 06/30/2018	Date/Time Prepared: 11/19/2018 3:39 pm	
			RHC I		Cost	
			Friday		Saturday	
			from	to	from	to
			11.00	12.00	13.00	14.00
Facility hours of operations (1)						
11.00	CLINIC	08:30	17:00			11.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA			Provider CCN: 14-0089 Hospice CCN: 14-1524		Period: From 07/01/2017 To 06/30/2018		Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 11/19/2018 3:39 pm	
			Hospice I					
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
1.00	Hospice Continuous Home Care						1.00	
2.00	Hospice Routine Home Care						2.00	
3.00	Hospice Inpatient Respite Care						3.00	
4.00	Hospice General Inpatient Care						4.00	
5.00	Total Hospice Days						5.00	
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
6.00	Number of patients receiving hospice care						6.00	
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00	
8.00	Average Length of Stay (line 5 / line 6)						8.00	
9.00	Unduplicated census count						9.00	
NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.								
			Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)		
			1.00	2.00	3.00	4.00		
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015								
10.00	Hospice Continuous Home Care	0	0	0	0	0	10.00	
11.00	Hospice Routine Home Care	6,015	877	466	7,358	11.00		
12.00	Hospice Inpatient Respite Care	9	0	0	9	12.00		
13.00	Hospice General Inpatient Care	0	0	0	0	13.00		
14.00	Total Hospice Days	6,024	877	466	7,367	14.00		
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015								
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00		
16.00	Hospice General Inpatient Care	0	0	0	0	16.00		

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-10

Date/Time Prepared:
11/19/2018 3:39 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)		0.321561	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		2,383,615	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		3,728,718	5.00
6.00	Medicaid charges		19,022,316	6.00
7.00	Medicaid cost (line 1 times line 6)		6,116,835	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		4,502	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		66,839	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		56,884	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		4,502	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	728,045	1,706,100	2,434,145
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	234,111	1,706,100	1,940,211
22.00	Payments received from patients for amounts previously written off as charity care	20,969	168,593	189,562
23.00	Cost of charity care (line 21 minus line 22)	213,142	1,537,507	1,750,649
			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)		7,894,000	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		301,992	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		464,604	27.01
28.00	Non-Medicare bad debt expense (see instructions)		7,429,396	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,551,616	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,302,265	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		4,306,767	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet A

Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat 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		0	0	0	0	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT		6,046,020	6,046,020	147,145	6,193,165	1.01
1.02	00102	CAP REL COSTS-HSB I		105,854	105,854	0	105,854	1.02
1.03	00103	CAP REL COSTS-HSB II		392,428	392,428	0	392,428	1.03
1.04	00104	CAP REL COSTS-REHAB CNT		53,617	53,617	0	53,617	1.04
1.05	00105	CAP REL COSTS-DIAYSIS		622	622	0	622	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE		10,446	10,446	0	10,446	1.06
1.07	00107	CAP REL COSTS-MAB		64,665	64,665	0	64,665	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG		37,701	37,701	0	37,701	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN		0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG		143,868	143,868	0	143,868	1.10
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	330,560	12,824,835	13,155,395	339	13,155,734	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,432,719	4,332,775	8,765,494	-134,530	8,630,964	5.00
6.00	00600	MAINTENANCE & REPAIRS	584,074	1,273,226	1,857,300	0	1,857,300	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	17,226	191,095	208,321	0	208,321	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	13,853	117,142	130,995	0	130,995	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	742	9,903	10,645	0	10,645	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	1,452	19,645	21,097	0	21,097	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	1,106	9,087	10,193	0	10,193	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	1,350	13,342	14,692	0	14,692	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	165,835	165,835	0	165,835	8.00
9.00	00900	HOUSEKEEPING	0	975,867	975,867	0	975,867	9.00
9.01	00901	HOUSEKEEPING-HSB	0	149,977	149,977	0	149,977	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	86,323	86,323	0	86,323	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	11,449	11,449	0	11,449	9.03
9.04	00904	HOUSEKEEPING-MAB	0	8,014	8,014	0	8,014	9.04
10.00	01000	DIETARY	0	975,345	975,345	794,784	1,770,129	10.00
11.00	01100	CAFETERIA	0	0	0	-794,784	-794,784	11.00
13.00	01300	NURSING ADMINISTRATION	360,551	668	361,219	0	361,219	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	288,096	205,548	493,644	19,564	513,208	14.00
15.00	01500	PHARMACY	590,093	2,745,367	3,335,460	0	3,335,460	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	530,380	440,675	971,055	-12,954	958,101	16.00
17.00	01700	SOCIAL SERVICE	228,637	2,797	231,434	0	231,434	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	1,149,881	1,149,881	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,087,424	854,573	4,941,997	-722,023	4,219,974	30.00
31.00	03100	INTENSIVE CARE UNIT	694,459	213,121	907,580	0	907,580	31.00
40.00	04000	SUBPROVIDER - IPF	848,073	720,655	1,568,728	0	1,568,728	40.00
43.00	04300	NURSERY	0	0	0	364,374	364,374	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,262,420	1,231,533	2,493,953	0	2,493,953	50.00
51.00	05100	RECOVERY ROOM	528,348	84,356	612,704	0	612,704	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	338,085	338,085	52.00
53.00	05300	ANESTHESIOLOGY	1,634,047	208,872	1,842,919	-1,149,881	693,038	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,215,842	914,398	2,130,240	-83,992	2,046,248	54.00
57.00	05700	CT SCAN	0	47,687	47,687	83,992	131,679	57.00
58.00	05800	MRI	0	410,005	410,005	0	410,005	58.00
60.00	06000	LABORATORY	2,321,095	2,059,339	4,380,434	0	4,380,434	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	312,100	312,100	0	312,100	63.00
65.00	06500	RESPIRATORY THERAPY	843,258	202,924	1,046,182	-22,353	1,023,829	65.00
66.00	06600	PHYSICAL THERAPY	1,917,884	85,209	2,003,093	0	2,003,093	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	127,675	1,427	129,102	0	129,102	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	325,033	325,033	22,353	347,386	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	687,538	687,538	0	687,538	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	653,127	13,315	666,442	0	666,442	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	314,481	98,630	413,111	0	413,111	76.01
76.02	03951	PAIN MANAGEMENT	154,704	11,848	166,552	0	166,552	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	492,907	66,889	559,796	0	559,796	88.00
91.00	09100	EMERGENCY	1,159,495	3,517,035	4,676,530	0	4,676,530	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	541,750	110,193	651,943	0	651,943	95.00
101.00	10100	HOME HEALTH AGENCY	1,268,003	132,932	1,400,935	0	1,400,935	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet A

Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	586,851	441,793	1,028,644	0	1,028,644	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,032,682	44,165,541	72,198,223	0	72,198,223	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	DAY HEALTH	0	933	933	0	933	194.00
194.01	07962	OUTREACH	131,453	14,712	146,165	0	146,165	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	167,527	159,180	326,707	0	326,707	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	106,208	454,725	560,933	0	560,933	194.05
194.06	07955	HOSPITALITY HOUSE	500	20,185	20,685	0	20,685	194.06
194.07	07956	HSK DIALYSIS	0	11,674	11,674	0	11,674	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	36,491	564	37,055	0	37,055	194.09
194.10	07959	FARM LAND	0	787	787	0	787	194.10
194.11	07963	CONVENIENCE CARE CLINIC	494,864	82,969	577,833	0	577,833	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	9,067,327	1,593,826	10,661,153	0	10,661,153	194.12
194.13	07961	VALET PARKING SERVICE	70,197	5,320	75,517	0	75,517	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
200.00		TOTAL (SUM OF LINES 118 through 199)	38,107,249	46,510,416	84,617,665	0	84,617,665	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet A

Date/Time Prepared:
11/19/2018 3:39 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	0	0	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	-1,692	6,191,473	1.01
1.02	00102	CAP REL COSTS-HSB I	-51,364	54,490	1.02
1.03	00103	CAP REL COSTS-HSB II	41,019	433,447	1.03
1.04	00104	CAP REL COSTS-REHAB CNT	1,919	55,536	1.04
1.05	00105	CAP REL COSTS-DIAYSIS	0	622	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	10,446	1.06
1.07	00107	CAP REL COSTS-MAB	-3,212	61,453	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	37,701	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	8,632	152,500	1.10
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-4,978,821	8,176,913	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-1,098,534	7,532,430	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,857,300	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	208,321	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	130,995	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	10,645	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	21,097	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	10,193	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	14,692	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	165,835	8.00
9.00	00900	HOUSEKEEPING	0	975,867	9.00
9.01	00901	HOUSEKEEPING-HSB	0	149,977	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	86,323	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	11,449	9.03
9.04	00904	HOUSEKEEPING-MAB	0	8,014	9.04
10.00	01000	DIETARY	-450	1,769,679	10.00
11.00	01100	CAFETERIA	0	-794,784	11.00
13.00	01300	NURSING ADMINISTRATION	0	361,219	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	513,208	14.00
15.00	01500	PHARMACY	0	3,335,460	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-21,899	936,202	16.00
17.00	01700	SOCIAL SERVICE	0	231,434	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-1,149,881	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,115,760	3,104,214	30.00
31.00	03100	INTENSIVE CARE UNIT	0	907,580	31.00
40.00	04000	SUBPROVIDER - IPF	0	1,568,728	40.00
43.00	04300	NURSERY	0	364,374	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,493,953	50.00
51.00	05100	RECOVERY ROOM	0	612,704	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	338,085	52.00
53.00	05300	ANESTHESIOLOGY	-535,118	157,920	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,046,248	54.00
57.00	05700	CT SCAN	0	131,679	57.00
58.00	05800	MRI	0	410,005	58.00
60.00	06000	LABORATORY	-744,631	3,635,803	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	312,100	63.00
65.00	06500	RESPIRATORY THERAPY	-33,080	990,749	65.00
66.00	06600	PHYSICAL THERAPY	-15,393	1,987,700	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	129,102	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-22	347,364	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	687,538	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	666,442	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	413,111	76.01
76.02	03951	PAIN MANAGEMENT	0	166,552	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	559,796	88.00
91.00	09100	EMERGENCY	-2,926,818	1,749,712	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	651,943	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,400,935	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet A

Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	1,028,644	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-12,625,105	59,573,118	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	DAY HEALTH	0	933	194.00
194.01	07962	OUTREACH	0	146,165	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	326,707	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	560,933	194.05
194.06	07955	HOSPITALITY HOUSE	0	20,685	194.06
194.07	07956	HSK DIALYSIS	0	11,674	194.07
194.08	07957	LEASED SALARIES	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	37,055	194.09
194.10	07959	FARM LAND	0	787	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	577,833	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	10,661,153	194.12
194.13	07961	VALET PARKING SERVICE	0	75,517	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	194.14
200.00		TOTAL (SUM OF LINES 118 through 199)	-12,625,105	71,992,560	200.00

RECLASSIFICATIONS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-6

Date/Time Prepared:
11/19/2018 3:39 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - RECLASS OB SALARY				
1.00	NURSERY	43.00	364,374	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	338,085	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	19,564	0	3.00
	TOTALS		722,023	0	
	B - RECLASS FOOD SERVICE				
1.00	DIETARY	10.00	0	794,784	1.00
	TOTALS		0	794,784	
	C - RECLASS CT EXPENSE				
1.00	CT SCAN	57.00	74,934	9,058	1.00
	TOTALS		74,934	9,058	
	D - RECLASS CRNA SALARIES				
1.00	NONPHYSICIAN ANESTHETISTS	19.00	1,071,509	78,372	1.00
	TOTALS		1,071,509	78,372	
	E - RECLASS COPY MACHINE EXPENSE				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	12,954	1.00
	TOTALS		0	12,954	
	F - RECLASS 02 EXPENSE				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	22,353	1.00
	TOTALS		0	22,353	
	G - RECLASS AUTO & AMBULANCE COLLISION I				
1.00	CAP REL COSTS-BLDG & FIXT	1.01	0	32,131	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	32,131	
	H - RECLASS MITEL LEASE OF PHONE SERVICE				
1.00	CAP REL COSTS-BLDG & FIXT	1.01	0	115,014	1.00
	TOTALS		0	115,014	
	I - RECLASS EMPLOYEE VACCINES				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	339	1.00
	TOTALS		0	339	
500.00	Grand Total: Increases		1,868,466	1,065,005	500.00

RECLASSIFICATIONS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-6

Date/Time Prepared:
11/19/2018 3:39 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS OB SALARY						
1.00	ADULTS & PEDIATRICS	30.00	722,023	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		722,023	0			
	B - RECLASS FOOD SERVICE						
1.00	CAFETERIA	11.00	0	794,784	0		1.00
	TOTALS		0	794,784			
	C - RECLASS CT EXPENSE						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	74,934	9,058	0		1.00
	TOTALS		74,934	9,058			
	D - RECLASS CRNA SALARIES						
1.00	ANESTHESIOLOGY	53.00	1,071,509	78,372	0		1.00
	TOTALS		1,071,509	78,372			
	E - RECLASS COPY MACHINE EXPENSE						
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	12,954	0		1.00
	TOTALS		0	12,954			
	F - RECLASS O2 EXPENSE						
1.00	RESPIRATORY THERAPY	65.00	0	22,353	0		1.00
	TOTALS		0	22,353			
	G - RECLASS AUTO & AMBULANCE COLLISION I						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	32,131	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	32,131			
	H - RECLASS MITEL LEASE OF PHONE SERVICE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	115,014	10		1.00
	TOTALS		0	115,014			
	I - RECLASS EMPLOYEE VACCINES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	339	0		1.00
	TOTALS		0	339			
500.00	Grand Total: Decreases		1,868,466	1,065,005			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet A-7
Part I
Date/Time Prepared:
11/19/2018 3:39 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	111,602	0	0	0	0	1.00
2.00	Land Improvements	3,447,630	3,100	0	3,100	0	2.00
3.00	Buildings and Fixtures	43,991,828	401,888	0	401,888	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	73,671,644	402,217	0	402,217	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	121,222,704	807,205	0	807,205	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	121,222,704	807,205	0	807,205	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	111,602	0				1.00
2.00	Land Improvements	3,450,730	0				2.00
3.00	Buildings and Fixtures	44,393,716	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	74,073,861	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	122,029,909	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	122,029,909	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet A-7
Part II
Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	6,046,020	0	0	0	0	1.01
1.02	CAP REL COSTS-HSB I	105,854	0	0	0	0	1.02
1.03	CAP REL COSTS-HSB II	392,428	0	0	0	0	1.03
1.04	CAP REL COSTS-REHAB CNT	53,617	0	0	0	0	1.04
1.05	CAP REL COSTS-DIAYSIS	622	0	0	0	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	10,446	0	0	0	0	1.06
1.07	CAP REL COSTS-MAB	64,665	0	0	0	0	1.07
1.08	CAP REL COSTS-ORTHO BLDG	37,701	0	0	0	0	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	143,868	0	0	0	0	1.10
3.00	Total (sum of lines 1-2)	6,855,221	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1)				
		Capital-Relat	(sum of cols.				
		ed Costs (see	9 through 14)				
		instructions)					
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	6,046,020				1.01
1.02	CAP REL COSTS-HSB I	0	105,854				1.02
1.03	CAP REL COSTS-HSB II	0	392,428				1.03
1.04	CAP REL COSTS-REHAB CNT	0	53,617				1.04
1.05	CAP REL COSTS-DIAYSIS	0	622				1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	10,446				1.06
1.07	CAP REL COSTS-MAB	0	64,665				1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	37,701				1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0				1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	143,868				1.10
3.00	Total (sum of lines 1-2)	0	6,855,221				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet A-7
Part III
Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	117,112,945	0	117,112,945	0.959707	0	1.01
1.02	CAP REL COSTS-HSB I	2,455,192	0	2,455,192	0.020120	0	1.02
1.03	CAP REL COSTS-HSB II	2,016,146	0	2,016,146	0.016522	0	1.03
1.04	CAP REL COSTS-REHAB CNT	168,641	0	168,641	0.001382	0	1.04
1.05	CAP REL COSTS-DIAYSIS	1,518	0	1,518	0.000012	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	31,617	0	31,617	0.000259	0	1.06
1.07	CAP REL COSTS-MAB	228,466	0	228,466	0.001872	0	1.07
1.08	CAP REL COSTS-ORTHO BLDG	8,950	0	8,950	0.000073	0	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	4,484	0	4,484	0.000037	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	1,950	0	1,950	0.000016	0	1.10
3.00	Total (sum of lines 1-2)	122,029,909	0	122,029,909	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Relat ed Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	6,045,168	114,174	1.01
1.02	CAP REL COSTS-HSB I	0	0	0	105,854	0	1.02
1.03	CAP REL COSTS-HSB II	0	0	0	392,428	0	1.03
1.04	CAP REL COSTS-REHAB CNT	0	0	0	53,617	0	1.04
1.05	CAP REL COSTS-DIAYSIS	0	0	0	622	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	10,446	0	1.06
1.07	CAP REL COSTS-MAB	0	0	0	64,665	0	1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	0	0	37,701	0	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	143,868	0	1.10
3.00	Total (sum of lines 1-2)	0	0	0	6,854,369	114,174	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Relat ed Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	32,131	0	0	6,191,473	1.01
1.02	CAP REL COSTS-HSB I	0	0	-51,364	0	54,490	1.02
1.03	CAP REL COSTS-HSB II	0	0	41,019	0	433,447	1.03
1.04	CAP REL COSTS-REHAB CNT	0	0	1,919	0	55,536	1.04
1.05	CAP REL COSTS-DIAYSIS	0	0	0	0	622	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	0	10,446	1.06
1.07	CAP REL COSTS-MAB	0	0	-3,212	0	61,453	1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	0	0	0	37,701	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	8,632	0	152,500	1.10
3.00	Total (sum of lines 1-2)	0	32,131	-3,006	0	6,997,668	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8

Date/Time Prepared:
11/19/2018 3:39 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	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.01	0	1.01
1.02	Investment income - CAP REL COSTS-HSB I (chapter 2)			0CAP REL COSTS-HSB I	1.02	0	1.02
1.03	Investment income - CAP REL COSTS-HSB II (chapter 2)			0CAP REL COSTS-HSB II	1.03	0	1.03
1.04	Investment income - CAP REL COSTS-REHAB CNT (chapter 2)			0CAP REL COSTS-REHAB CNT	1.04	0	1.04
1.05	Investment income - CAP REL COSTS-DIAYSIS (chapter 2)			0CAP REL COSTS-DIAYSIS	1.05	0	1.05
1.06	Investment income - CAP REL COSTS-HOSPITALITY HOUSE (chapter 2)			0CAP REL COSTS-HOSPITALITY HOUSE	1.06	0	1.06
1.07	Investment income - CAP REL COSTS-MAB (chapter 2)			0CAP REL COSTS-MAB	1.07	0	1.07
1.08	Investment income - CAP REL COSTS-ORTHO BLDG (chapter 2)			0CAP REL COSTS-ORTHO BLDG	1.08	0	1.08
1.09	Investment income - CAP REL COSTS-CONVENIENCE CARE CLIN (chapter 2)			0CAP REL COSTS-CONVENIENCE CARE CLIN	1.09	0	1.09
1.10	Investment income - CAP REL COSTS-BUSHNELL OFFICE BLDG (chapter 2)			0CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	0	1.10
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0*** Cost Center Deleted ***	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-25,287	ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0	0.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-852	CAP REL COSTS-BLDG & FIXT	1.01	9	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-5,237,578			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)			0	0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1		0		0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests			0	0.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	B	-22	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16.00
17.00	Sale of drugs to other than patients			0	0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-21,899	MEDICAL RECORDS & LIBRARY	16.00	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)	B	-627,796	ADMINISTRATIVE & GENERAL	5.00	0	21.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8

Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
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 - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.01	0	26.01
26.02	Depreciation - CAP REL COSTS-HSB I		0	CAP REL COSTS-HSB I	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-HSB II		0	CAP REL COSTS-HSB II	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-REHAB CNT		0	CAP REL COSTS-REHAB CNT	1.04	0	26.04
26.05	Depreciation - CAP REL COSTS-DIAYSIS		0	CAP REL COSTS-DIAYSIS	1.05	0	26.05
26.06	Depreciation - CAP REL COSTS-HOSPITALITY HOUSE		0	CAP REL COSTS-HOSPITALITY HOUSE	1.06	0	26.06
26.07	Depreciation - CAP REL COSTS-MAB		0	CAP REL COSTS-MAB	1.07	0	26.07
26.08	Depreciation - CAP REL COSTS-ORTHO BLDG		0	CAP REL COSTS-ORTHO BLDG	1.08	0	26.08
26.09	Depreciation - CAP REL COSTS-CONVENIENCE CARE CLIN		0	CAP REL COSTS-CONVENIENCE CARE CLIN	1.09	0	26.09
26.10	Depreciation - CAP REL COSTS-BUSHNELL OFFICE BLDG		0	CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	0	26.10
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-1,149,881	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	TELEPHONE LEASE	A	-840	CAP REL COSTS-BLDG & FIXT	1.01	10	33.00
33.01	PATHOLOGIST CONSULTING REV	B	-117,599	LABORATORY	60.00	0	33.01
33.02	MISCELLANEOUS REV	B	-16,771	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	IHHA/AHA DUES	A	-23,110	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	DAY HEALTH MEALS	B	-450	DIETARY	10.00	0	33.04
33.05	RADIOLOGY BILLING	B	-114,876	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06	NUTRITION COUNSELING	B	0	DIETARY	10.00	0	33.06
33.07	KARE-A-LOT	B	-170	ADULTS & PEDIATRICS	30.00	0	33.07
33.08	CONSULTING-PT/OT	B	-15,393	PHYSICAL THERAPY	66.00	0	33.08
33.09	TELEPHONE SERVICES-SALARIES	A	-1,285	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	SELF INSUR EMPLOYEE HEALTH INSUR EXP	A	-4,391,340	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
33.11	CRNA EMPLOYEE BENEFITS	A	-244,433	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.11
33.12	PHYSICIAN PART B EMPLOYEE BENEFITS	A	-343,048	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.12
33.13	ADVERTISING	A	-289,409	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	NON-ALLOWABLE PROPERTY TAX	A	13,380	CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	13	33.14
34.00	NON-ALLOWABLE PROPERTY TAX	A	41,019	CAP REL COSTS-HSB II	1.03	13	34.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8

Date/Time Prepared:
11/19/2018 3:39 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 #		
34.50	NON-ALLOWABLE PROPERTY TAX	A	1,919	CAP REL COSTS-REHAB CNT	1.04	13	34.50
35.00	NON-ALLOWABLE PROPERTY TAX	A	-3,212	CAP REL COSTS-MAB	1.07	13	35.00
35.50	NON-ALLOWABLE PROPERTY TAX	A	-51,364	CAP REL COSTS-HSB I	1.02	13	35.50
36.00	NON-ALLOWABLE PROPERTY TAX	A	-4,748	CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	13	36.00
36.50	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	36.50
37.00	OUTREACH SERVICES		-60	ADULTS & PEDIATRICS	30.00	0	37.00
38.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	38.00
38.50	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	38.50
39.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	39.00
39.50	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	39.50
40.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	40.00
40.50	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	40.50
41.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.00
41.50	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.50
42.50	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	42.50
43.50	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.50
44.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.00
44.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.01
44.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.03
44.06	OTHER ADJUSTMENTS (SPECIFY) (3)	0		0.00	0	44.06	
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,625,105				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8-2

Date/Time Prepared:
11/19/2018 3:39 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	60.00	LABORATORY	732,238	546,373	185,865	208,000	1,584	1.00
2.00	53.00	ANESTHESIOLOGY	535,118	535,118	0	0	0	2.00
3.00	91.00	EMERGENCY	93,842	93,842	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	680,021	680,021	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	435,509	435,509	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	2,832,976	2,832,976	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	33,080	33,080	0	0	0	8.00
9.00	60.00	LABORATORY	57,302	57,302	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			5,400,086	5,214,221	185,865		1,584	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	60.00	LABORATORY	158,400	7,920	7,185	1,824	9,000	1.00
2.00	53.00	ANESTHESIOLOGY	0	0	1,587	0	506	2.00
3.00	91.00	EMERGENCY	0	0	466	0	6,034	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	16,215	0	3,371	4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	0	0	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			158,400	7,920	25,453	1,824	18,911	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	60.00	LABORATORY	2,284	162,508	23,357	569,730		1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	535,118		2.00
3.00	91.00	EMERGENCY	0	0	0	93,842		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	680,021		4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	435,509		5.00
6.00	0.00		0	0	0	0		6.00
7.00	91.00	EMERGENCY	0	0	0	2,832,976		7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	33,080		8.00
9.00	60.00	LABORATORY	0	0	0	57,302		9.00
10.00	0.00		0	0	0	0		10.00
200.00			2,284	162,508	23,357	5,237,578		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
		0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	6,191,473	0	6,191,473		1.01
1.02	00102	CAP REL COSTS-HSB I	54,490	0	0	54,490	1.02
1.03	00103	CAP REL COSTS-HSB II	433,447	0	0	0	1.03
1.04	00104	CAP REL COSTS-REHAB CNT	55,536	0	0	0	1.04
1.05	00105	CAP REL COSTS-DIAYSIS	622	0	0	0	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	10,446	0	0	0	1.06
1.07	00107	CAP REL COSTS-MAB	61,453	0	0	0	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	37,701	0	0	0	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	152,500	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,176,913	0	61,137	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,532,430	0	460,237	9,837	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,857,300	0	288,618	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	208,321	0	0	12,719	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	130,995	0	0	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	10,645	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	21,097	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	10,193	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	14,692	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	165,835	0	114,826	0	8.00
9.00	00900	HOUSEKEEPING	975,867	0	45,000	0	9.00
9.01	00901	HOUSEKEEPING-HSB	149,977	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	86,323	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	11,449	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	8,014	0	0	0	9.04
10.00	01000	DIETARY	1,769,679	0	87,206	0	10.00
11.00	01100	CAFETERIA	-794,784	0	124,137	0	11.00
13.00	01300	NURSING ADMINISTRATION	361,219	0	22,965	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	513,208	0	227,170	0	14.00
15.00	01500	PHARMACY	3,335,460	0	38,793	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	936,202	0	48,103	0	16.00
17.00	01700	SOCIAL SERVICE	231,434	0	27,931	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,104,214	0	741,717	0	30.00
31.00	03100	INTENSIVE CARE UNIT	907,580	0	96,827	0	31.00
40.00	04000	SUBPROVIDER - IPF	1,568,728	0	527,581	0	40.00
43.00	04300	NURSERY	364,374	0	30,724	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,493,953	0	1,180,538	0	50.00
51.00	05100	RECOVERY ROOM	612,704	0	80,689	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	338,085	0	52,758	0	52.00
53.00	05300	ANESTHESIOLOGY	157,920	0	0	7,920	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,046,248	0	336,907	0	54.00
57.00	05700	CT SCAN	131,679	0	20,793	0	57.00
58.00	05800	MRI	410,005	0	15,517	0	58.00
60.00	06000	LABORATORY	3,635,803	0	245,015	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	312,100	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	990,749	0	152,812	0	65.00
66.00	06600	PHYSICAL THERAPY	1,987,700	0	187,633	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	129,102	0	31,779	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	347,364	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	687,538	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	666,442	0	0	3,055	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	413,111	0	96,578	0	76.01
76.02	03951	PAIN MANAGEMENT	166,552	0	0	1,547	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	559,796	0	0	0	88.00
91.00	09100	EMERGENCY	1,749,712	0	498,533	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
		0	1.00	1.01	1.02	1.03	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	651,943	0	105,330	0	95.00
101.00	10100	HOME HEALTH AGENCY	1,400,935	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	1,028,644	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	59,573,118	0	5,947,854	27,158	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	18,216	192.00
194.00	07950	DAY HEALTH	933	0	0	2,811	194.00
194.01	07962	OUTREACH	146,165	0	0	287	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	326,707	0	80,689	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	560,933	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	20,685	0	0	0	194.06
194.07	07956	HSK DIALYSIS	11,674	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	37,055	0	0	0	194.09
194.10	07959	FARM LAND	787	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	577,833	0	23,276	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	10,661,153	0	139,654	6,018	194.12
194.13	07961	VALET PARKING SERVICE	75,517	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	194.14
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	71,992,560	0	6,191,473	54,490	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITA LITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
			1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT	55,536					1.04
1.05	00105	CAP REL COSTS-DIAYSIS	0	622				1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE		0	10,446			1.06
1.07	00107	CAP REL COSTS-MAB	0	0	0	61,453		1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	0	37,701	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	0	18,850	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	55,536	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	8,962	0	101.00

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Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITA LITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
			1.04	1.05	1.06	1.07	1.08	
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	8,962	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	55,536	0	0	17,924	18,850	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	25,605	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	10,446	0	0	194.06
194.07	07956	HSK DIALYSIS	0	622	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	7,682	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	10,242	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	0	18,851	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	55,536	622	10,446	61,453	37,701	202.00

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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIV E & GENERAL	
			CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG				
			1.09	1.10				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	152,500				1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	8,238,050			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	1,047,837	9,180,263	9,180,263	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	138,068	2,283,986	330,287	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	4,072	225,112	32,553	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	3,275	191,044	27,627	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	175	10,820	1,565	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	343	21,440	3,100	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	261	10,454	1,512	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	319	15,011	2,171	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	280,661	40,586	8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,020,867	147,628	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	149,977	21,688	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	86,323	12,483	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	11,449	1,656	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	8,014	1,159	9.04
10.00	01000	DIETARY	0	0	0	1,856,885	268,524	10.00
11.00	01100	CAFETERIA	0	0	0	-670,647	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	85,230	469,414	67,882	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	72,727	813,105	117,583	14.00
15.00	01500	PHARMACY	0	0	139,490	3,513,743	508,122	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	125,375	1,109,680	160,471	16.00
17.00	01700	SOCIAL SERVICE	0	0	54,047	313,412	45,323	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	634,789	4,480,720	647,957	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	164,161	1,168,568	168,987	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	200,473	2,296,782	332,138	40.00
43.00	04300	NURSERY	0	0	86,133	481,231	69,591	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	298,420	3,972,911	574,523	50.00
51.00	05100	RECOVERY ROOM	0	0	124,895	818,288	118,333	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	79,919	470,762	68,077	52.00
53.00	05300	ANESTHESIOLOGY	0	0	6,482	164,402	23,774	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	269,696	2,652,851	383,629	54.00
57.00	05700	CT SCAN	0	0	17,713	170,185	24,610	57.00
58.00	05800	MRI	0	0	0	425,522	61,535	58.00
60.00	06000	LABORATORY	0	0	419,521	4,300,339	621,872	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	312,100	45,133	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	199,335	1,342,896	194,196	65.00
66.00	06600	PHYSICAL THERAPY	0	34,303	453,363	2,718,535	393,127	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	30,181	191,062	27,629	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	347,364	50,232	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	687,538	99,425	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	154,391	823,888	119,142	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	74,339	584,028	84,456	76.01
76.02	03951	PAIN MANAGEMENT	0	0	36,570	204,669	29,597	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	118,197	116,517	794,510	114,894	88.00
91.00	09100	EMERGENCY	0	0	251,907	2,500,152	361,547	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	128,063	885,336	128,028	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	299,739	1,709,636	247,230	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIV E & GENERAL	
			CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG				
			1.09	1.10				
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	138,724	1,176,330	170,109	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	152,500	5,856,550	56,581,618	6,951,691	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	43,821	6,337	192.00
194.00	07950	DAY HEALTH	0	0	0	3,744	541	194.00
194.01	07962	OUTREACH	0	0	31,074	177,526	25,672	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	39,601	446,997	64,640	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	25,106	586,039	84,747	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	118	31,249	4,519	194.06
194.07	07956	HSK DIALYSIS	0	0	0	12,296	1,778	194.07
194.08	07957	LEASED SALARIES	0	0	0	7,682	1,111	194.08
194.09	07958	VISITING PHYSICIANS	0	0	8,626	55,923	8,087	194.09
194.10	07959	FARM LAND	0	0	0	787	114	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	116,979	718,088	103,843	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	2,143,402	13,234,679	1,913,863	194.12
194.13	07961	VALET PARKING SERVICE	0	0	16,594	92,111	13,320	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
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)	0	152,500	8,238,050	71,992,560	9,180,263	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
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Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
			6.00	6.01	6.02	6.03	6.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	2,614,273					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	257,665				6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	218,671			6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	12,385		6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	24,540	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	55,782	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	21,860	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	42,364	0	0	0	0	10.00
11.00	01100	CAFETERIA	60,304	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	11,156	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	110,357	0	0	0	0	14.00
15.00	01500	PHARMACY	18,845	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	23,368	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	13,568	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	360,319	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	47,037	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	256,294	0	0	0	0	40.00
43.00	04300	NURSERY	14,925	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	573,498	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	39,198	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,629	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	163,666	0	0	0	0	54.00
57.00	05700	CT SCAN	10,101	0	0	0	0	57.00
58.00	05800	MRI	7,538	0	0	0	0	58.00
60.00	06000	LABORATORY	119,026	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	74,235	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	91,150	0	0	12,385	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	15,438	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	24,650	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	46,917	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	12,483	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	242,183	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	51,168	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	3,579	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
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To 06/30/2018Worksheet B
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Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
			6.00	6.01	6.02	6.03	6.04	
116.00	11600	HOSPICE	0	0	0	0	3,579	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,495,926	37,133	0	12,385	7,158	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	146,980	0	0	10,225	192.00
194.00	07950	DAY HEALTH	0	22,681	0	0	0	194.00
194.01	07962	OUTREACH	0	2,312	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	39,198	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	3,067	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	4,090	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	11,307	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	67,842	48,559	218,671	0	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,614,273	257,665	218,671	12,385	24,540	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
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Cost Center Description			MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHN ELL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING- HSB	
			6.05	6.06	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	11,966					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	17,182				6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	377,029			8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,190,355		9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	171,665	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	143,416	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	652	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	18,136	36,506	0	14.00
15.00	01500	PHARMACY	0	0	0	9,126	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,304	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	3,259	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	99,558	269,884	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	2,312	33,246	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	19,908	67,145	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	80,587	97,784	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	28,031	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	29,884	44,329	0	54.00
57.00	05700	CT SCAN	0	0	0	13,038	0	57.00
58.00	05800	MRI	0	0	3,958	0	0	58.00
60.00	06000	LABORATORY	0	0	4,086	71,708	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	6,768	39,765	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,865	23,298	32,595	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	16,949	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	16,423	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	17,601	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	8,317	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	13,317	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	73,824	260,757	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	13,710	1,956	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHN ELL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING- HSB	
			6.05	6.06	8.00	9.00	9.01	
116.00	11600	HOSPICE	0	0	1,000	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	17,182	377,029	1,189,051	24,740	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	97,921	192.00
194.00	07950	DAY HEALTH	0	0	0	0	15,111	194.00
194.01	07962	OUTREACH	0	0	0	0	1,541	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	1,304	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	11,966	0	0	0	32,352	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	11,966	17,182	377,029	1,190,355	171,665	202.00

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Cost Center Description			HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA	
			9.02	9.03	9.04	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II	98,806					9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	13,105				9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	9,173			9.04
10.00	01000	DIETARY	0	0	0	2,311,189		10.00
11.00	01100	CAFETERIA	0	0	0	0	-610,343	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	754,457	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	382,542	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	1,174,190	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	1,338	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	1,338	0	0	116.00

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Cost Center Description			HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA	
			9.02	9.03	9.04	10.00	11.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	2,676	2,311,189	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	3,821	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	1,147	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	1,529	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	98,806	13,105	0	0	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	-610,343	201.00
202.00		TOTAL (sum lines 118 through 201)	98,806	13,105	9,173	2,311,189	-610,343	202.00

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Cost Center Description			NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO						9.03
9.04	00904	HOUSEKEEPING-MAB						9.04
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	549,104					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,292	1,104,979				14.00
15.00	01500	PHARMACY	0	8,701	4,058,537			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,330	0	1,297,153		16.00
17.00	01700	SOCIAL SERVICE	0	429	0	0	375,991	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	539,812	62,363	0	1,057,679	264,885	30.00
31.00	03100	INTENSIVE CARE UNIT	0	13,741	0	39,912	52,735	31.00
40.00	04000	SUBPROVIDER - IPF	0	4,524	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	248,828	0	0	805	50.00
51.00	05100	RECOVERY ROOM	0	19,516	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	18,607	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,902	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	246,856	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	11,872	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	8,838	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	8,104	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	111	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	83,259	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	171,305	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	4,058,537	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	939	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	7,499	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	1,065	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	2,881	0	0	0	88.00
91.00	09100	EMERGENCY	0	59,315	0	199,562	18,518	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	193	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	8,257	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

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Cost Center Description			NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
116.00	11600	HOSPICE	0	4,918	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	549,104	1,009,353	4,058,537	1,297,153	336,943	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	2,805	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	2,732	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	11	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	145	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	7,892	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	81,680	0	0	39,048	194.12
194.13	07961	VALET PARKING SERVICE	0	361	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	549,104	1,104,979	4,058,537	1,297,153	375,991	202.00

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Cost Center Description			NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM-CLOSED FY16	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			19.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO						9.03
9.04	00904	HOUSEKEEPING-MAB						9.04
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16		0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	8,537,634	0	8,537,634	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,909,080	0	1,909,080	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	4,150,981	0	4,150,981	40.00
43.00	04300	NURSERY	0	0	565,747	0	565,747	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	5,548,936	0	5,548,936	50.00
51.00	05100	RECOVERY ROOM	0	0	1,023,366	0	1,023,366	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	564,468	0	564,468	52.00
53.00	05300	ANESTHESIOLOGY	0	0	206,783	0	206,783	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,289,261	0	3,289,261	54.00
57.00	05700	CT SCAN	0	0	217,934	0	217,934	57.00
58.00	05800	MRI	0	0	498,553	0	498,553	58.00
60.00	06000	LABORATORY	0	0	5,363,887	0	5,363,887	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	369,105	0	369,105	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,666,698	0	1,666,698	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,283,059	0	3,283,059	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	251,189	0	251,189	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	480,855	0	480,855	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	958,268	0	958,268	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	4,058,537	0	4,058,537	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	985,042	0	985,042	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	740,501	0	740,501	76.01
76.02	03951	PAIN MANAGEMENT	0	0	256,131	0	256,131	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	925,602	0	925,602	88.00
91.00	09100	EMERGENCY	0	0	3,715,858	0	3,715,858	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	1,080,391	0	1,080,391	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	1,970,040	0	1,970,040	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM-CLOSED FY16	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			19.00	23.00	24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE		0	1,357,274	0	1,357,274	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	53,975,180	0	53,975,180	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	309,105	0	309,105	192.00
194.00	07950	DAY HEALTH	0	0	42,077	0	42,077	194.00
194.01	07962	OUTREACH	0	0	209,856	0	209,856	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	553,567	0	553,567	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	670,786	0	670,786	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	35,779	0	35,779	194.06
194.07	07956	HSK DIALYSIS	0	0	14,074	0	14,074	194.07
194.08	07957	LEASED SALARIES	0	0	14,311	0	14,311	194.08
194.09	07958	VISITING PHYSICIANS	0	0	69,774	0	69,774	194.09
194.10	07959	FARM LAND	0	0	901	0	901	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	841,130	0	841,130	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	15,760,571	0	15,760,571	194.12
194.13	07961	VALET PARKING SERVICE	0	0	105,792	0	105,792	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	-610,343	0	-610,343	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	71,992,560	0	71,992,560	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	BLDG & FIXT	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	61,137	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	460,237	9,837	111,072	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	288,618	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	12,719	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	56,774	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	114,826	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	45,000	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	87,206	0	0	10.00
11.00	01100	CAFETERIA	0	0	124,137	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	22,965	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	227,170	0	0	14.00
15.00	01500	PHARMACY	0	0	38,793	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	48,103	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	27,931	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	741,717	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	96,827	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	527,581	0	0	40.00
43.00	04300	NURSERY	0	0	30,724	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	1,180,538	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	80,689	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52,758	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	336,907	0	0	54.00
57.00	05700	CT SCAN	0	0	20,793	0	0	57.00
58.00	05800	MRI	0	0	15,517	0	0	58.00
60.00	06000	LABORATORY	0	0	245,015	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	152,812	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	187,633	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	31,779	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	3,055	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	96,578	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	1,547	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	498,533	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	105,330	0	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/19/2018 3:39 pm

	Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	BLDG & FIXT	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
		0	1.00	1.01	1.02	1.03		
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	5,947,854	27,158	167,846	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	18,216	0	192.00
194.00	07950	DAY HEALTH	0	0	0	2,811	0	194.00
194.01	07962	OUTREACH	0	0	0	287	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	80,689	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	23,276	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	139,654	6,018	265,601	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	6,191,473	54,490	433,447	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITA LITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
			1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	0	18,850	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	55,536	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	8,962	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITA LITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
			1.04	1.05	1.06	1.07	1.08	
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	8,962	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	55,536	0	0	17,924	18,850	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	25,605	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	10,446	0	0	194.06
194.07	07956	HSK DIALYSIS	0	622	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	7,682	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	10,242	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	0	18,851	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	55,536	622	10,446	61,453	37,701	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIV E & GENERAL	
			CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG				
			1.09	1.10				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	61,137	61,137		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	599,996	7,775	607,771	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	288,618	1,024	21,867	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	12,719	30	2,155	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	56,774	24	1,829	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	1	104	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	3	205	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	2	100	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	2	144	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	114,826	0	2,687	8.00
9.00	00900	HOUSEKEEPING	0	0	45,000	0	9,774	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	1,436	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	826	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	110	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	77	9.04
10.00	01000	DIETARY	0	0	87,206	0	17,778	10.00
11.00	01100	CAFETERIA	0	0	124,137	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	22,965	632	4,494	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	227,170	540	7,785	14.00
15.00	01500	PHARMACY	0	0	38,793	1,035	33,641	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	48,103	930	10,624	16.00
17.00	01700	SOCIAL SERVICE	0	0	27,931	401	3,001	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	741,717	4,710	42,898	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	96,827	1,218	11,188	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	527,581	1,488	21,989	40.00
43.00	04300	NURSERY	0	0	30,724	639	4,607	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	1,180,538	2,214	38,037	50.00
51.00	05100	RECOVERY ROOM	0	0	80,689	927	7,834	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52,758	593	4,507	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	48	1,574	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	336,907	2,001	25,398	54.00
57.00	05700	CT SCAN	0	0	20,793	131	1,629	57.00
58.00	05800	MRI	0	0	15,517	0	4,074	58.00
60.00	06000	LABORATORY	0	0	245,015	3,113	41,171	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	2,988	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	152,812	1,479	12,857	65.00
66.00	06600	PHYSICAL THERAPY	0	34,303	277,472	3,364	26,027	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	31,779	224	1,829	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	3,326	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,582	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	3,055	1,146	7,888	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	96,578	552	5,591	76.01
76.02	03951	PAIN MANAGEMENT	0	0	1,547	271	1,960	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	118,197	118,197	865	7,607	88.00
91.00	09100	EMERGENCY	0	0	498,533	1,869	23,936	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	105,330	950	8,476	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	8,962	2,224	16,368	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIV E & GENERAL	
			CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG				
			1.09	1.10				
SPECIAL PURPOSE COST CENTERS					2A	4.00	5.00	
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	8,962	1,029	11,262	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	152,500	6,387,668	43,454	460,240	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	43,821	0	420	192.00
194.00	07950	DAY HEALTH	0	0	2,811	0	36	194.00
194.01	07962	OUTREACH	0	0	287	231	1,700	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	80,689	294	4,280	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	186	5,611	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	10,446	1	299	194.06
194.07	07956	HSK DIALYSIS	0	0	622	0	118	194.07
194.08	07957	LEASED SALARIES	0	0	7,682	0	74	194.08
194.09	07958	VISITING PHYSICIANS	0	0	10,242	64	535	194.09
194.10	07959	FARM LAND	0	0	0	0	8	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	23,276	868	6,875	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	430,124	15,916	126,693	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	123	882	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
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)	0	152,500	6,997,668	61,137	607,771	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
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Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
			6.00	6.01	6.02	6.03	6.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	311,509					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	14,904				6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	58,627			6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	105		6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	208	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	6,647	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,605	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	5,048	0	0	0	0	10.00
11.00	01100	CAFETERIA	7,186	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,329	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,150	0	0	0	0	14.00
15.00	01500	PHARMACY	2,246	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,784	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,617	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	42,935	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,605	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	30,539	0	0	0	0	40.00
43.00	04300	NURSERY	1,778	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	68,334	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	4,671	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,054	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,502	0	0	0	0	54.00
57.00	05700	CT SCAN	1,204	0	0	0	0	57.00
58.00	05800	MRI	898	0	0	0	0	58.00
60.00	06000	LABORATORY	14,183	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	8,846	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	10,861	0	0	105	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,840	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,426	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	5,590	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	722	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	28,858	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	6,097	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	30	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
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Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
			6.00	6.01	6.02	6.03	6.04	
116.00	11600	HOSPICE	0	0	0	0	30	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	297,407	2,148	0	105	60	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	8,501	0	0	87	192.00
194.00	07950	DAY HEALTH	0	1,312	0	0	0	194.00
194.01	07962	OUTREACH	0	134	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	4,671	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	26	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	35	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	1,347	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	8,084	2,809	58,627	0	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	311,509	14,904	58,627	105	208	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
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Cost Center Description			MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHN ELL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING- HSB	
			6.05	6.06	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	102					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	146				6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	124,160			8.00
9.00	00900	HOUSEKEEPING	0	0	0	57,379		9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	1,436	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	6,913		10.00
11.00	01100	CAFETERIA	0	0	0	0		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	31		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	5,973	1,760		14.00
15.00	01500	PHARMACY	0	0	0	440		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	63		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	157		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	32,786	13,010	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	761	1,603		31.00
40.00	04000	SUBPROVIDER - IPF	0	0	6,556	3,237		40.00
43.00	04300	NURSERY	0	0	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	26,538	4,713	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,351		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	9,841	2,137		54.00
57.00	05700	CT SCAN	0	0	0	628		57.00
58.00	05800	MRI	0	0	1,303	0		58.00
60.00	06000	LABORATORY	0	0	1,346	3,457		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0	2,229	1,917		65.00
66.00	06600	PHYSICAL THERAPY	0	33	7,672	1,571		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	817		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	137	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	848		76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	70	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	113	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	24,311	12,569		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	4,515	94		95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MAINTENANCE & REPAIRS-ORTHO BLDG 6.05	MAINTENANCE & REPAIRS-BUSHN ELL 6.06	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING- HSB 9.01	
116.00	11600	HOSPICE	0	0	329	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	146	124,160	57,316	207	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	819	192.00
194.00	07950	DAY HEALTH	0	0	0	0	126	194.00
194.01	07962	OUTREACH	0	0	0	0	13	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	63	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	102	0	0	0	271	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	102	146	124,160	57,379	1,436	202.00

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Cost Center Description			HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA	
			9.02	9.03	9.04	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II	826					9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	110				9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	77			9.04
10.00	01000	DIETARY	0	0	0	116,945		10.00
11.00	01100	CAFETERIA	0	0	0	0	131,323	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	38,175	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	19,356	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	59,414	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	11	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	11	0	0	116.00

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Cost Center Description			HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA	
			9.02	9.03	9.04	10.00	11.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	22	116,945	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	32	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	10	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	13	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	826	110	0	0	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	131,323	201.00
202.00		TOTAL (sum lines 118 through 201)	826	110	77	116,945	131,323	202.00

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Cost Center Description			NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO						9.03
9.04	00904	HOUSEKEEPING-MAB						9.04
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	29,451					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	498	256,876				14.00
15.00	01500	PHARMACY	0	2,023	78,178			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	542	0	63,046		16.00
17.00	01700	SOCIAL SERVICE	0	100	0	0	33,207	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	28,953	14,497	0	51,407	23,394	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,194	0	1,940	4,658	31.00
40.00	04000	SUBPROVIDER - IPF	0	1,052	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	57,845	0	0	71	50.00
51.00	05100	RECOVERY ROOM	0	4,537	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	4,326	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,464	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	57,387	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,760	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,055	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,884	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	26	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,355	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	39,823	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	78,178	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	218	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	1,743	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	248	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	670	0	0	0	88.00
91.00	09100	EMERGENCY	0	13,789	0	9,699	1,635	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	45	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,919	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

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Cost Center Description			NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
116.00	11600	HOSPICE	0	1,143	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,451	234,645	78,178	63,046	29,758	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	652	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	635	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	3	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	34	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	1,835	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	18,988	0	0	3,449	194.12
194.13	07961	VALET PARKING SERVICE	0	84	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	29,451	256,876	78,178	63,046	33,207	202.00

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Cost Center Description			NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM-CLOSED FY16	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			19.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO						9.03
9.04	00904	HOUSEKEEPING-MAB						9.04
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16		0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			1,034,482	0	1,034,482	30.00
31.00	03100	INTENSIVE CARE UNIT			146,350	0	146,350	31.00
40.00	04000	SUBPROVIDER - IPF			651,856	0	651,856	40.00
43.00	04300	NURSERY			37,748	0	37,748	43.00
44.00	04400	SKILLED NURSING FACILITY			0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			1,378,290	0	1,378,290	50.00
51.00	05100	RECOVERY ROOM			100,009	0	100,009	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			60,912	0	60,912	52.00
53.00	05300	ANESTHESIOLOGY			5,948	0	5,948	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			399,250	0	399,250	54.00
57.00	05700	CT SCAN			24,385	0	24,385	57.00
58.00	05800	MRI			21,792	0	21,792	58.00
60.00	06000	LABORATORY			365,672	0	365,672	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.			5,748	0	5,748	63.00
65.00	06500	RESPIRATORY THERAPY			182,195	0	182,195	65.00
66.00	06600	PHYSICAL THERAPY			328,989	0	328,989	66.00
67.00	06700	OCCUPATIONAL THERAPY			0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY			36,515	0	36,515	68.00
69.00	06900	ELECTROCARDIOLOGY			0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			22,681	0	22,681	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			46,405	0	46,405	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			78,178	0	78,178	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			13,870	0	13,870	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR			110,902	0	110,902	76.01
76.02	03951	PAIN MANAGEMENT			4,818	0	4,818	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC			127,452	0	127,452	88.00
91.00	09100	EMERGENCY			615,199	0	615,199	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES			125,507	0	125,507	95.00
101.00	10100	HOME HEALTH AGENCY			29,514	0	29,514	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM-CLOSED FY16	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			19.00	23.00	24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE			22,766	0	22,766	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	5,977,433	0	5,977,433	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			53,680	0	53,680	192.00
194.00	07950	DAY HEALTH			4,285	0	4,285	194.00
194.01	07962	OUTREACH			3,017	0	3,017	194.01
194.02	07951	OCCUPATIONAL MEDICINE			0	0	0	194.02
194.03	07952	FUND DEVELOPMENT			90,569	0	90,569	194.03
194.04	07953	OUTSIDE LAUNDRY			0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT			5,797	0	5,797	194.05
194.06	07955	HOSPITALITY HOUSE			10,749	0	10,749	194.06
194.07	07956	HSK DIALYSIS			740	0	740	194.07
194.08	07957	LEASED SALARIES			7,855	0	7,855	194.08
194.09	07958	VISITING PHYSICIANS			10,923	0	10,923	194.09
194.10	07959	FARM LAND			8	0	8	194.10
194.11	07963	CONVENIENCE CARE CLINIC			34,201	0	34,201	194.11
194.12	07960	MMG-PHYSICIAN OFFICES			665,999	0	665,999	194.12
194.13	07961	VALET PARKING SERVICE			1,089	0	1,089	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE			0	0	0	194.14
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	131,323	0	131,323	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	6,997,668	0	6,997,668	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Description			CAPITAL RELATED COSTS						
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)	CAP REL COSTS-REHAB CNT (PER CENT)		
			1.00	1.01	1.02	1.03	1.04		
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT	0						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	199,505					1.01
1.02	00102	CAP REL COSTS-HSB I	0	0	48,675				1.02
1.03	00103	CAP REL COSTS-HSB II	0	0	0	38,860			1.03
1.04	00104	CAP REL COSTS-REHAB CNT	0	0	0	0	4,300		1.04
1.05	00105	CAP REL COSTS-DIAYSIS	0	0	0	0	0		1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	0	0		1.06
1.07	00107	CAP REL COSTS-MAB	0	0	0	0	0		1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	0	0		1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0		1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0		1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	1,970	0	0	0		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	14,830	8,787	9,958	0		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	9,300	0	0	0		6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	11,362	0	0		6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	5,090	0		6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0		6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0		6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0		6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0		6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,700	0	0	0		8.00
9.00	00900	HOUSEKEEPING	0	1,450	0	0	0		9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0		9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0		9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0		9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0		9.04
10.00	01000	DIETARY	0	2,810	0	0	0		10.00
11.00	01100	CAFETERIA	0	4,000	0	0	0		11.00
13.00	01300	NURSING ADMINISTRATION	0	740	0	0	740		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,320	0	0	0		14.00
15.00	01500	PHARMACY	0	1,250	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,550	0	0	0		16.00
17.00	01700	SOCIAL SERVICE	0	900	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	23,900	0	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,120	0	0	0		31.00
40.00	04000	SUBPROVIDER - IPF	0	17,000	0	0	0		40.00
43.00	04300	NURSERY	0	990	0	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	38,040	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	2,600	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,700	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,856	0	0	0		54.00
57.00	05700	CT SCAN	0	670	0	0	0		57.00
58.00	05800	MRI	0	500	0	0	0		58.00
60.00	06000	LABORATORY	0	7,895	0	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	4,924	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	6,046	0	0	0	4,300	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	1,024	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2,729	0	0		76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	3,112	0	0	0		76.01
76.02	03951	PAIN MANAGEMENT	0	0	1,382	0	0		76.02
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0		88.00
91.00	09100	EMERGENCY	0	16,064	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	3,394	0	0	0		95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)	CAP REL COSTS-REHAB CNT (PER CENT)	
			1.00	1.01	1.02	1.03	1.04	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	191,655	24,260	15,048	4,300	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	16,272	0	0	192.00
194.00	07950	DAY HEALTH	0	0	2,511	0	0	194.00
194.01	07962	OUTREACH	0	0	256	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	2,600	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	750	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	4,500	5,376	23,812	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	6,191,473	54,490	433,447	55,536	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	31.034175	1.119466	11.154066	12.915349	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: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-DIAYSIS (PER CENT)	CAP REL COSTS-HOSPITA LITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLIN (PER CENT)	
			1.05	1.06	1.07	1.08	1.09	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS	1,656					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	2,160				1.06
1.07	00107	CAP REL COSTS-MAB	0	0	7,200			1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	9,172		1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	4,586	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-DIAYSIS (PER CENT)	CAP REL COSTS-HOSPITA LITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLIN (PER CENT)	
			1.05	1.06	1.07	1.08	1.09	
101.00	10100	HOME HEALTH AGENCY	0	0	1,050	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	1,050	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	2,100	4,586	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	3,000	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	2,160	0	0	0	194.06
194.07	07956	HSK DIALYSIS	1,656	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	900	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	1,200	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	4,586	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	622	10,446	61,453	37,701	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.375604	4.836111	8.535139	4.110445	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
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: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Description			CAPITAL RELATED COSTS BUSHNELL OFFICE BLDG (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliatio n	ADMINISTRATIV E & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			1.10	4.00	5A	5.00	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	5,806					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	34,849,826				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	4,432,719	-9,180,263	63,482,944		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	584,074	0	2,283,986	173,405	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	17,226	0	225,112	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	13,853	0	191,044	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	742	0	10,820	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	1,452	0	21,440	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	1,106	0	10,454	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	1,350	0	15,011	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	280,661	3,700	8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,020,867	1,450	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	149,977	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	86,323	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	11,449	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	8,014	0	9.04
10.00	01000	DIETARY	0	0	0	1,856,885	2,810	10.00
11.00	01100	CAFETERIA	0	0	670,647	0	4,000	11.00
13.00	01300	NURSING ADMINISTRATION	0	360,551	0	469,414	740	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	307,660	0	813,105	7,320	14.00
15.00	01500	PHARMACY	0	590,093	0	3,513,743	1,250	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	530,380	0	1,109,680	1,550	16.00
17.00	01700	SOCIAL SERVICE	0	228,637	0	313,412	900	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	2,685,380	0	4,480,720	23,900	30.00
31.00	03100	INTENSIVE CARE UNIT	0	694,459	0	1,168,568	3,120	31.00
40.00	04000	SUBPROVIDER - IPF	0	848,073	0	2,296,782	17,000	40.00
43.00	04300	NURSERY	0	364,374	0	481,231	990	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,262,420	0	3,972,911	38,040	50.00
51.00	05100	RECOVERY ROOM	0	528,348	0	818,288	2,600	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	338,085	0	470,762	1,700	52.00
53.00	05300	ANESTHESIOLOGY	0	27,420	0	164,402	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,140,908	0	2,652,851	10,856	54.00
57.00	05700	CT SCAN	0	74,934	0	170,185	670	57.00
58.00	05800	MRI	0	0	0	425,522	500	58.00
60.00	06000	LABORATORY	0	1,774,722	0	4,300,339	7,895	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	312,100	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	843,258	0	1,342,896	4,924	65.00
66.00	06600	PHYSICAL THERAPY	1,306	1,917,884	0	2,718,535	6,046	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	127,675	0	191,062	1,024	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	347,364	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	687,538	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	653,127	0	823,888	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	314,481	0	584,028	3,112	76.01
76.02	03951	PAIN MANAGEMENT	0	154,704	0	204,669	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	4,500	492,907	0	794,510	0	88.00
91.00	09100	EMERGENCY	0	1,065,653	0	2,500,152	16,064	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliatio n	ADMINISTRATIV E & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		BUSHNELL OFFICE BLDG (SQUARE FEET)					
		1.10	4.00	5A	5.00	6.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	541,750	0	885,336	3,394
101.00	10100	HOME HEALTH AGENCY	0	1,268,003	0	1,709,636	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	0	586,851	0	1,176,330	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,806	24,775,259	-8,509,616	48,072,002	165,555
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	43,821	0
194.00	07950	DAY HEALTH	0	0	0	3,744	0
194.01	07962	OUTREACH	0	131,453	0	177,526	0
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0
194.03	07952	FUND DEVELOPMENT	0	167,527	0	446,997	2,600
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0
194.05	07954	PHYSICIAN SUPPORT	0	106,208	0	586,039	0
194.06	07955	HOSPITALITY HOUSE	0	500	0	31,249	0
194.07	07956	HSK DIALYSIS	0	0	0	12,296	0
194.08	07957	LEASED SALARIES	0	0	0	7,682	0
194.09	07958	VISITING PHYSICIANS	0	36,491	0	55,923	0
194.10	07959	FARM LAND	0	0	0	787	0
194.11	07963	CONVENIENCE CARE CLINIC	0	494,864	0	718,088	750
194.12	07960	MMG-PHYSICIAN OFFICES	0	9,067,327	0	13,234,679	4,500
194.13	07961	VALET PARKING SERVICE	0	70,197	0	92,111	0
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	152,500	8,238,050		9,180,263	2,614,273
203.00		Unit cost multiplier (Wkst. B, Part I)	26.265932	0.236387	0.144610		15.076111
204.00		Cost to be allocated (per Wkst. B, Part II)		61,137	607,771		311,509
205.00		Unit cost multiplier (Wkst. B, Part II)		0.001754	0.009574		1.796425
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:

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Cost Center Description			MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	
			6.01	6.02	6.03	6.04	6.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	28,526					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	23,812				6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	4,300			6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	7,200		6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	4,586	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4,300	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,729	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	1,382	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,050	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	
			6.01	6.02	6.03	6.04	6.05	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	1,050	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,111	0	4,300	2,100	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16,272	0	0	3,000	0	192.00
194.00	07950	DAY HEALTH	2,511	0	0	0	0	194.00
194.01	07962	OUTREACH	256	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	900	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	1,200	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	5,376	23,812	0	0	4,586	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	257,665	218,671	12,385	24,540	11,966	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.032637	9.183227	2.880233	3.408333	2.609246	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	14,904	58,627	105	208	102	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.522471	2.462078	0.024419	0.028889	0.022242	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: 14-0089

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To 06/30/2018

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Cost Center Description			MAINTENANCE & REPAIRS-BUSHN ELL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING- HSB (SQUARE FEET)	HOUSEKEEPING- HSB II (SQUARE FEET)	
			6.06	8.00	9.00	9.01	9.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	5,806					6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	286,049				8.00
9.00	00900	HOUSEKEEPING	0	0	1,826			9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	28,526		9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	23,812	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	220	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	13,760	56	0	0	14.00
15.00	01500	PHARMACY	0	0	14	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	5	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	75,532	414	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,754	51	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	15,104	103	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	61,141	150	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	43	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	22,673	68	0	0	54.00
57.00	05700	CT SCAN	0	0	20	0	0	57.00
58.00	05800	MRI	0	3,003	0	0	0	58.00
60.00	06000	LABORATORY	0	3,100	110	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	5,135	61	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,306	17,676	50	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	26	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	2,729	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	27	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	1,382	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	4,500	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	56,010	400	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	10,402	3	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Description			MAINTENANCE & REPAIRS-BUSHN ELL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING- HSB (SQUARE FEET)	HOUSEKEEPING- HSB II (SQUARE FEET)	
			6.06	8.00	9.00	9.01	9.02	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	759	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,806	286,049	1,824	4,111	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	16,272	0	192.00
194.00	07950	DAY HEALTH	0	0	0	2,511	0	194.00
194.01	07962	OUTREACH	0	0	0	256	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	2	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	5,376	23,812	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	17,182	377,029	1,190,355	171,665	98,806	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.959352	1.318057	651.892114	6.017843	4.149420	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	146	124,160	57,379	1,436	826	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.025146	0.434052	31.423330	0.050340	0.034688	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: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Description			HOUSEKEEPING- ORTHO (SQUARE FEET)	HOUSEKEEPING- MAB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATIO N (DIRECT NRSIN)	
			9.03	9.04	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO	4,586					9.03
9.04	00904	HOUSEKEEPING-MAB	0	7,200				9.04
10.00	01000	DIETARY	0	0	870			10.00
11.00	01100	CAFETERIA	0	0	0	44,227		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	409	1,891	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	901	32	14.00
15.00	01500	PHARMACY	0	0	0	656	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,221	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	364	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	421	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	284	4,787	1,859	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	144	1,001	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	442	1,652	0	40.00
43.00	04300	NURSERY	0	0	0	537	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	1,936	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	821	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	498	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	143	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,717	0	54.00
57.00	05700	CT SCAN	0	0	0	124	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	3,131	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,312	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,726	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	153	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,270	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	511	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	301	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	669	0	88.00
91.00	09100	EMERGENCY	0	0	0	1,847	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	1,424	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,050	0	1,756	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Description			HOUSEKEEPING- ORTHO (SQUARE FEET)	HOUSEKEEPING- MAB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATIO N (DIRECT NRSIN)	
			9.03	9.04	10.00	11.00	13.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,050	0	712	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,100	870	33,000	1,891	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,000	0	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	313	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	299	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	100	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	900	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	1,200	0	44	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	803	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	4,586	0	0	9,386	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	282	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	13,105	9,173	2,311,189	-610,343	549,104	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.857610	1.274028	2,656.539080	0.000000	290.377578	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	110	77	116,945	131,323	29,451	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.023986	0.010694	134.419540	2.969295	15.574299	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: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO						9.03
9.04	00904	HOUSEKEEPING-MAB						9.04
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,307,893					14.00
15.00	01500	PHARMACY	33,922	100				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,083	0	1,365			16.00
17.00	01700	SOCIAL SERVICE	1,674	0	0	934		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	243,128	0	1,113	658	0	30.00
31.00	03100	INTENSIVE CARE UNIT	53,572	0	42	131	0	31.00
40.00	04000	SUBPROVIDER - IPF	17,639	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	970,079	0	0	2	0	50.00
51.00	05100	RECOVERY ROOM	76,086	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	72,542	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,097	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	962,399	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	46,283	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	34,457	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	31,594	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	432	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	324,597	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	667,854	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,660	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	29,235	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	4,153	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	11,233	0	0	0	0	88.00
91.00	09100	EMERGENCY	231,247	0	210	46	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	754	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	32,190	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			14.00	15.00	16.00	17.00	19.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	19,172	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,935,082	100	1,365	837	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	10,937	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	10,652	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	43	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	564	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	30,767	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	318,440	0	0	97	0	194.12
194.13	07961	VALET PARKING SERVICE	1,408	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,104,979	4,058,537	1,297,153	375,991	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.256501	40,585.370000	950.295238	402.559957	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	256,876	78,178	63,046	33,207	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.059629	781.780000	46.187546	35.553533	0.000000	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: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/19/2018 3:39 pm

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED ED PRGM-CLOSED FY16 (ASSIGNED TIME)	
		23.00	
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	DAY HEALTH	194.00
194.01	07962	OUTREACH	194.01
194.02	07951	OCCUPATIONAL MEDICINE	194.02
194.03	07952	FUND DEVELOPMENT	194.03
194.04	07953	OUTSIDE LAUNDRY	194.04
194.05	07954	PHYSICIAN SUPPORT	194.05
194.06	07955	HOSPITALITY HOUSE	194.06
194.07	07956	HSK DIALYSIS	194.07
194.08	07957	LEASED SALARIES	194.08
194.09	07958	VISITING PHYSICIANS	194.09
194.10	07959	FARM LAND	194.10
194.11	07963	CONVENIENCE CARE CLINIC	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	194.12
194.13	07961	VALET PARKING SERVICE	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	194.14
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	205.00
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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/19/2018 3:39 pm

			Title XVIII		Hospital		PPS	
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	8,537,634		8,537,634	0	8,537,634	30.00
31.00	03100	INTENSIVE CARE UNIT	1,909,080		1,909,080	0	1,909,080	31.00
40.00	04000	SUBPROVIDER - IPF	4,150,981		4,150,981	0	4,150,981	40.00
43.00	04300	NURSERY	565,747		565,747	0	565,747	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,548,936		5,548,936	0	5,548,936	50.00
51.00	05100	RECOVERY ROOM	1,023,366		1,023,366	0	1,023,366	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	564,468		564,468	0	564,468	52.00
53.00	05300	ANESTHESIOLOGY	206,783		206,783	0	206,783	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,289,261		3,289,261	0	3,289,261	54.00
57.00	05700	CT SCAN	217,934		217,934	0	217,934	57.00
58.00	05800	MRI	498,553		498,553	0	498,553	58.00
60.00	06000	LABORATORY	5,363,887		5,363,887	23,357	5,387,244	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	369,105		369,105	0	369,105	63.00
65.00	06500	RESPIRATORY THERAPY	1,666,698	0	1,666,698	0	1,666,698	65.00
66.00	06600	PHYSICAL THERAPY	3,283,059	0	3,283,059	0	3,283,059	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	251,189	0	251,189	0	251,189	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	480,855		480,855	0	480,855	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	958,268		958,268	0	958,268	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,058,537		4,058,537	0	4,058,537	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	985,042		985,042	0	985,042	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	740,501		740,501	0	740,501	76.01
76.02	03951	PAIN MANAGEMENT	256,131		256,131	0	256,131	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	925,602		925,602	0	925,602	88.00
91.00	09100	EMERGENCY	3,715,858		3,715,858	0	3,715,858	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	768,589		768,589		768,589	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,080,391		1,080,391	0	1,080,391	95.00
101.00	10100	HOME HEALTH AGENCY	1,970,040		1,970,040		1,970,040	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,357,274		1,357,274		1,357,274	116.00
200.00		Subtotal (see instructions)	54,743,769	0	54,743,769	23,357	54,767,126	200.00
201.00		Less Observation Beds	768,589		768,589		768,589	201.00
202.00		Total (see instructions)	53,975,180	0	53,975,180	23,357	53,998,537	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/19/2018 3:39 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,331,635		7,331,635		30.00
31.00	03100	INTENSIVE CARE UNIT	3,241,946		3,241,946		31.00
40.00	04000	SUBPROVIDER - IPF	2,227,463		2,227,463		40.00
43.00	04300	NURSERY	635,346		635,346		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,516,138	13,773,864	16,290,002	0.340634	0.000000
51.00	05100	RECOVERY ROOM	594,201	5,684,926	6,279,127	0.162979	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,352,320	0	1,352,320	0.417407	0.000000
53.00	05300	ANESTHESIOLOGY	483,614	2,707,912	3,191,526	0.064791	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	722,719	8,383,238	9,105,957	0.361221	0.000000
57.00	05700	CT SCAN	2,045,254	14,026,824	16,072,078	0.013560	0.000000
58.00	05800	MRI	177,204	4,778,292	4,955,496	0.100606	0.000000
60.00	06000	LABORATORY	5,937,556	27,229,202	33,166,758	0.161725	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	947,759	1,074,646	2,022,405	0.182508	0.000000
65.00	06500	RESPIRATORY THERAPY	2,427,020	5,847,919	8,274,939	0.201415	0.000000
66.00	06600	PHYSICAL THERAPY	1,278,988	7,264,972	8,543,960	0.384255	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000
68.00	06800	SPEECH PATHOLOGY	70,748	544,051	614,799	0.408571	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,332,936	2,424,407	3,757,343	0.127977	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,454,050	960,520	2,414,570	0.396869	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	3,294,583	6,423,290	9,717,873	0.417636	0.000000
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,710	1,473,947	1,480,657	0.665274	0.000000
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	9,377	713,269	722,646	1.024708	0.000000
76.02	03951	PAIN MANAGEMENT	0	291,893	291,893	0.877483	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	998,174	998,174		88.00
91.00	09100	EMERGENCY	1,934,181	17,649,499	19,583,680	0.189743	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	71,936	661,587	733,523	1.047805	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	1,884,397	1,884,397	0.573335	0.000000
101.00	10100	HOME HEALTH AGENCY	0	1,500,124	1,500,124		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	1,463,092	1,463,092		116.00
200.00		Subtotal (see instructions)	40,093,684	127,760,045	167,853,729		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	40,093,684	127,760,045	167,853,729		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.340634		50.00
51.00	05100	RECOVERY ROOM	0.162979		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.417407		52.00
53.00	05300	ANESTHESIOLOGY	0.064791		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.361221		54.00
57.00	05700	CT SCAN	0.013560		57.00
58.00	05800	MRI	0.100606		58.00
60.00	06000	LABORATORY	0.162429		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.182508		63.00
65.00	06500	RESPIRATORY THERAPY	0.201415		65.00
66.00	06600	PHYSICAL THERAPY	0.384255		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.408571		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.127977		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.396869		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.417636		73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.665274		76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	1.024708		76.01
76.02	03951	PAIN MANAGEMENT	0.877483		76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
91.00	09100	EMERGENCY	0.189743		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.047805		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.573335		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/19/2018 3:39 pm

			Title XIX		Hospital		Cost
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,537,634		8,537,634	0	8,537,634
31.00	03100	INTENSIVE CARE UNIT	1,909,080		1,909,080	0	1,909,080
40.00	04000	SUBPROVIDER - IPF	4,150,981		4,150,981	0	4,150,981
43.00	04300	NURSERY	565,747		565,747	0	565,747
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,548,936		5,548,936	0	5,548,936
51.00	05100	RECOVERY ROOM	1,023,366		1,023,366	0	1,023,366
52.00	05200	DELIVERY ROOM & LABOR ROOM	564,468		564,468	0	564,468
53.00	05300	ANESTHESIOLOGY	206,783		206,783	0	206,783
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,289,261		3,289,261	0	3,289,261
57.00	05700	CT SCAN	217,934		217,934	0	217,934
58.00	05800	MRI	498,553		498,553	0	498,553
60.00	06000	LABORATORY	5,363,887		5,363,887	23,357	5,387,244
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	369,105		369,105	0	369,105
65.00	06500	RESPIRATORY THERAPY	1,666,698	0	1,666,698	0	1,666,698
66.00	06600	PHYSICAL THERAPY	3,283,059	0	3,283,059	0	3,283,059
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	251,189	0	251,189	0	251,189
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	480,855		480,855	0	480,855
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	958,268		958,268	0	958,268
73.00	07300	DRUGS CHARGED TO PATIENTS	4,058,537		4,058,537	0	4,058,537
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	985,042		985,042	0	985,042
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	740,501		740,501	0	740,501
76.02	03951	PAIN MANAGEMENT	256,131		256,131	0	256,131
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	925,602		925,602	0	925,602
91.00	09100	EMERGENCY	3,715,858		3,715,858	0	3,715,858
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	768,589		768,589		768,589
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,080,391		1,080,391	0	1,080,391
101.00	10100	HOME HEALTH AGENCY	1,970,040		1,970,040		1,970,040
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	1,357,274		1,357,274		1,357,274
200.00		Subtotal (see instructions)	54,743,769	0	54,743,769	23,357	54,767,126
201.00		Less Observation Beds	768,589		768,589		768,589
202.00		Total (see instructions)	53,975,180	0	53,975,180	23,357	53,998,537

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet C
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			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,331,635		7,331,635		30.00
31.00	03100	INTENSIVE CARE UNIT	3,241,946		3,241,946		31.00
40.00	04000	SUBPROVIDER - IPF	2,227,463		2,227,463		40.00
43.00	04300	NURSERY	635,346		635,346		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,516,138	13,773,864	16,290,002	0.340634	0.000000
51.00	05100	RECOVERY ROOM	594,201	5,684,926	6,279,127	0.162979	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,352,320	0	1,352,320	0.417407	0.000000
53.00	05300	ANESTHESIOLOGY	483,614	2,707,912	3,191,526	0.064791	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	722,719	8,383,238	9,105,957	0.361221	0.000000
57.00	05700	CT SCAN	2,045,254	14,026,824	16,072,078	0.013560	0.000000
58.00	05800	MRI	177,204	4,778,292	4,955,496	0.100606	0.000000
60.00	06000	LABORATORY	5,937,556	27,229,202	33,166,758	0.161725	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	947,759	1,074,646	2,022,405	0.182508	0.000000
65.00	06500	RESPIRATORY THERAPY	2,427,020	5,847,919	8,274,939	0.201415	0.000000
66.00	06600	PHYSICAL THERAPY	1,278,988	7,264,972	8,543,960	0.384255	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000
68.00	06800	SPEECH PATHOLOGY	70,748	544,051	614,799	0.408571	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,332,936	2,424,407	3,757,343	0.127977	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,454,050	960,520	2,414,570	0.396869	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	3,294,583	6,423,290	9,717,873	0.417636	0.000000
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,710	1,473,947	1,480,657	0.665274	0.000000
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	9,377	713,269	722,646	1.024708	0.000000
76.02	03951	PAIN MANAGEMENT	0	291,893	291,893	0.877483	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	998,174	998,174	0.927295	0.000000
91.00	09100	EMERGENCY	1,934,181	17,649,499	19,583,680	0.189743	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	71,936	661,587	733,523	1.047805	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	1,884,397	1,884,397	0.573335	0.000000
101.00	10100	HOME HEALTH AGENCY	0	1,500,124	1,500,124		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	1,463,092	1,463,092		116.00
200.00		Subtotal (see instructions)	40,093,684	127,760,045	167,853,729		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	40,093,684	127,760,045	167,853,729		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet C
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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
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
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
60.00	06000	LABORATORY	0.000000			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0.000000			76.01
76.02	03951	PAIN MANAGEMENT	0.000000			76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part I
Date/Time Prepared:
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			Title XVIII		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,034,482	17,198	1,017,284	3,998	254.45	30.00	
31.00	INTENSIVE CARE UNIT	146,350		146,350	1,036	141.26	31.00	
40.00	SUBPROVIDER - IPF	651,856	0	651,856	1,378	473.04	40.00	
43.00	NURSERY	37,748		37,748	550	68.63	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
200.00	Total (lines 30 through 199)	1,870,436		1,853,238	6,962		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,912	486,508					30.00
31.00	INTENSIVE CARE UNIT	369	52,125					31.00
40.00	SUBPROVIDER - IPF	1,201	568,121					40.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (lines 30 through 199)	3,482	1,106,754					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part II
Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Description			Title XVIII		Hospital	PPS	
			Capital Related Cost (from Wkst. C, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,378,290	16,290,002	0.084610	883,515	74,754
51.00	05100	RECOVERY ROOM	100,009	6,279,127	0.015927	213,765	3,405
52.00	05200	DELIVERY ROOM & LABOR ROOM	60,912	1,352,320	0.045043	3,972	179
53.00	05300	ANESTHESIOLOGY	5,948	3,191,526	0.001864	133,587	249
54.00	05400	RADIOLOGY-DIAGNOSTIC	399,250	9,105,957	0.043845	467,328	20,490
57.00	05700	CT SCAN	24,385	16,072,078	0.001517	1,076,569	1,633
58.00	05800	MRI	21,792	4,955,496	0.004398	106,732	469
60.00	06000	LABORATORY	365,672	33,166,758	0.011025	2,901,347	31,987
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,748	2,022,405	0.002842	349,704	994
65.00	06500	RESPIRATORY THERAPY	182,195	8,274,939	0.022018	1,167,597	25,708
66.00	06600	PHYSICAL THERAPY	328,989	8,543,960	0.038505	424,879	16,360
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0
68.00	06800	SPEECH PATHOLOGY	36,515	614,799	0.059393	26,277	1,561
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,681	3,757,343	0.006036	734,913	4,436
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	46,405	2,414,570	0.019219	680,446	13,077
73.00	07300	DRUGS CHARGED TO PATIENTS	78,178	9,717,873	0.008045	1,356,692	10,915
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	13,870	1,480,657	0.009367	6,232	58
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	110,902	722,646	0.153467	0	0
76.02	03951	PAIN MANAGEMENT	4,818	291,893	0.016506	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	127,452	998,174	0.127685	0	0
91.00	09100	EMERGENCY	615,199	19,583,680	0.031414	1,041,188	32,708
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	93,128	733,523	0.126960	23,585	2,994
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					
200.00		Total (lines 50 through 199)	4,022,338	149,569,726		11,598,328	241,977

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part III
Date/Time Prepared:
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				Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	3,998	0.00	1,912	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	1,036	0.00	369		31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	1,378	0.00	1,201		40.00	
43.00	04300	NURSERY		0	550	0.00	0		43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0		44.00	
200.00		Total (lines 30 through 199)		0	6,962		3,482		200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0							31.00
40.00	04000	SUBPROVIDER - IPF	0							40.00
43.00	04300	NURSERY	0							43.00
44.00	04400	SKILLED NURSING FACILITY	0							44.00
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description			Title XVIII		Hospital		PPS	
			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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description		Title XVIII			Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	16,290,002	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	6,279,127	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,352,320	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,191,526	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	9,105,957	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	16,072,078	0.000000	57.00
58.00	05800	MRI	0	0	0	4,955,496	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	33,166,758	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,022,405	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	8,274,939	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,543,960	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	614,799	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,757,343	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,414,570	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,717,873	0.000000	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,480,657	0.000000	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	722,646	0.000000	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	291,893	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	998,174	0.000000	88.00
91.00	09100	EMERGENCY	0	0	0	19,583,680	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	733,523	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	149,569,726		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part IV
Date/Time Prepared:
11/19/2018 3:39 pm

				Title XVIII		Hospital		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	883,515	0	3,463,926	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	213,765	0	1,493,877	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	3,972	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	133,587	0	741,009	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	467,328	0	2,150,063	0	54.00	
57.00	05700	CT SCAN	0.000000	1,076,569	0	4,816,815	0	57.00	
58.00	05800	MRI	0.000000	106,732	0	1,224,309	0	58.00	
60.00	06000	LABORATORY	0.000000	2,901,347	0	4,208,222	0	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	349,704	0	338,828	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	1,167,597	0	2,057,888	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	424,879	0	269,318	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	26,277	0	1,674	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	734,913	0	565,714	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	680,446	0	324,529	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,356,692	0	2,096,585	0	73.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	6,232	0	480,625	0	76.00	
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0.000000	0	0	0	0	76.01	
76.02	03951	PAIN MANAGEMENT	0.000000	0	0	0	0	76.02	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
91.00	09100	EMERGENCY	0.000000	1,041,188	0	4,233,382	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	23,585	0	197,210	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		11,598,328	0	28,663,974	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0089		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part V Date/Time Prepared: 11/19/2018 3:39 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.340634	3,463,926	0	0	1,179,931	50.00
51.00	05100	RECOVERY ROOM		0.162979	1,493,877	0	0	243,471	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.417407	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.064791	741,009	0	0	48,011	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.361221	2,150,063	0	0	776,648	54.00
57.00	05700	CT SCAN		0.013560	4,816,815	0	0	65,316	57.00
58.00	05800	MRI		0.100606	1,224,309	0	0	123,173	58.00
60.00	06000	LABORATORY		0.161725	4,208,222	3,792	0	680,575	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.182508	338,828	0	0	61,839	63.00
65.00	06500	RESPIRATORY THERAPY		0.201415	2,057,888	0	0	414,490	65.00
66.00	06600	PHYSICAL THERAPY		0.384255	269,318	0	0	103,487	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.408571	1,674	0	0	684	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.127977	565,714	0	0	72,398	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.396869	324,529	0	0	128,795	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.417636	2,096,585	0	1,476	875,609	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.665274	480,625	0	0	319,747	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR		1.024708	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT		0.877483	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0	88.00
91.00	09100	EMERGENCY		0.189743	4,233,382	0	0	803,255	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		1.047805	197,210	0	0	206,638	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0.573335	0	0	0	0	95.00
200.00		Subtotal (see instructions)			28,663,974	3,792	1,476	6,104,067	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0	0	201.00
202.00		Net Charges (line 200 - line 201)			28,663,974	3,792	1,476	6,104,067	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part V
Date/Time Prepared:
11/19/2018 3:39 pm

			Title XVIII		Hospital	PPS
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	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
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	613	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	616		73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0		76.01
76.02	03951	PAIN MANAGEMENT	0	0		76.02
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	613	616		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	613	616		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0089	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part II Date/Time Prepared: 11/19/2018 3:39 pm		
				Component CCN:14-S089				
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,378,290	16,290,002	0.084610	6,828	578	50.00
51.00	05100	RECOVERY ROOM	100,009	6,279,127	0.015927	1,479	24	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	60,912	1,352,320	0.045043	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,948	3,191,526	0.001864	947	2	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	399,250	9,105,957	0.043845	19,974	876	54.00
57.00	05700	CT SCAN	24,385	16,072,078	0.001517	71,621	109	57.00
58.00	05800	MRI	21,792	4,955,496	0.004398	6,544	29	58.00
60.00	06000	LABORATORY	365,672	33,166,758	0.011025	319,514	3,523	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,748	2,022,405	0.002842	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	182,195	8,274,939	0.022018	41,531	914	65.00
66.00	06600	PHYSICAL THERAPY	328,989	8,543,960	0.038505	59,543	2,293	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	36,515	614,799	0.059393	1,704	101	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,681	3,757,343	0.006036	12,412	75	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	46,405	2,414,570	0.019219	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	78,178	9,717,873	0.008045	192,691	1,550	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	13,870	1,480,657	0.009367	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	110,902	722,646	0.153467	0	0	76.01
76.02	03951	PAIN MANAGEMENT	4,818	291,893	0.016506	0	0	76.02
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	127,452	998,174	0.127685	0	0	88.00
91.00	09100	EMERGENCY	615,199	19,583,680	0.031414	84,835	2,665	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	733,523	0.000000	5,321	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	3,929,210	149,569,726		824,944	12,739	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0089

Period:

Worksheet D

Component CCN: 14-S089

From 07/01/2017
To 06/30/2018Part IV
Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Description			Title XVIII		Subprovider - IPF		PPS	
			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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
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: 14-0089 Component CCN: 14-S089		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/19/2018 3:39 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	16,290,002	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	6,279,127	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	1,352,320	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	3,191,526	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	9,105,957	0.000000	54.00
57.00	05700	CT SCAN		0	0	0	16,072,078	0.000000	57.00
58.00	05800	MRI		0	0	0	4,955,496	0.000000	58.00
60.00	06000	LABORATORY		0	0	0	33,166,758	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	2,022,405	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	8,274,939	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	8,543,960	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	614,799	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	3,757,343	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	2,414,570	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	9,717,873	0.000000	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	1,480,657	0.000000	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR		0	0	0	722,646	0.000000	76.01
76.02	03951	PAIN MANAGEMENT		0	0	0	291,893	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	998,174	0.000000	88.00
91.00	09100	EMERGENCY		0	0	0	19,583,680	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	733,523	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	149,569,726		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0089 Component CCN: 14-S089		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/19/2018 3:39 pm	
				Title XVIII		Subprovider - IPF		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	6,828	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	1,479	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	947	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	19,974	0	0	0	54.00
57.00	05700	CT SCAN		0.000000	71,621	0	0	0	57.00
58.00	05800	MRI		0.000000	6,544	0	0	0	58.00
60.00	06000	LABORATORY		0.000000	319,514	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	41,531	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	59,543	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	1,704	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	12,412	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	192,691	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000000	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR		0.000000	0	0	0	0	76.01
76.02	03951	PAIN MANAGEMENT		0.000000	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0	88.00
91.00	09100	EMERGENCY		0.000000	84,835	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	5,321	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			824,944	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0089	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/19/2018 3:39 pm
		Title XVIII	Hospital	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)		4,686	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,998	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,632	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		49	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		462	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		35	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		142	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,912	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		49	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		462	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		218.85	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		224.47	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)		8,537,634	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		10,724	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)		103,705	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		5,439	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)		22,068	25.00
26.00	Total swing-bed cost (see instructions)		141,936	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		8,395,698	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		8,395,698	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		2,099.97	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,015,143	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,015,143	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet D-1

Date/Time Prepared:
11/19/2018 3:39 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	1,909,080	1,036	1,842.74	369	679,971
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,641,628
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,336,742
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					538,633
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					241,977
52.00	Total Program excludable cost (sum of lines 50 and 51)					780,610
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,556,132
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					10,724
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					103,705
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					114,429
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
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)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					366
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,099.97
89.00	Observation bed cost (line 87 x line 88) (see instructions)					768,589

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0089		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/19/2018 3:39 pm	
				Title XVIII		Hospital		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	1,034,482	8,537,634	0.121167	768,589	93,128	90.00		
91.00	Nursing School cost	0	8,537,634	0.000000	768,589	0	91.00		
92.00	Allied health cost	0	8,537,634	0.000000	768,589	0	92.00		
93.00	All other Medical Education	0	8,537,634	0.000000	768,589	0	93.00		

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0089	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1
		Component CCN: 14-S089		Date/Time Prepared: 11/19/2018 3:39 pm
		Title XVIII	Subprovider - IPF	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)		1,378	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,378	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,378	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,201	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		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,150,981	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)		4,150,981	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)		4,150,981	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)		3,012.32	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,617,796	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,617,796	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0089	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1	
				Component CCN: 14-S089		Date/Time Prepared: 11/19/2018 3:39 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					199,046	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,816,842	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)					568,121	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					12,739	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					580,860	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,235,982	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0089 Component CCN: 14-S089		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/19/2018 3:39 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	651,856	4,150,981	0.157037	0	0	90.00
91.00	Nursing School cost	0	4,150,981	0.000000	0	0	91.00
92.00	Allied health cost	0	4,150,981	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,150,981	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0089	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/19/2018 3:39 pm
Cost Center Description			Title XVIII	Hospital	PPS
			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		2,404,385	30.00
31.00	03100	INTENSIVE CARE UNIT		1,425,513	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.340634	883,515	50.00
51.00	05100	RECOVERY ROOM	0.162979	213,765	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.417407	3,972	52.00
53.00	05300	ANESTHESIOLOGY	0.064791	133,587	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.361221	467,328	54.00
57.00	05700	CT SCAN	0.013560	1,076,569	57.00
58.00	05800	MRI	0.100606	106,732	58.00
60.00	06000	LABORATORY	0.162429	2,901,347	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.182508	349,704	63.00
65.00	06500	RESPIRATORY THERAPY	0.201415	1,167,597	65.00
66.00	06600	PHYSICAL THERAPY	0.384255	424,879	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.408571	26,277	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.127977	734,913	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.396869	680,446	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.417636	1,356,692	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.665274	6,232	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	1.024708	0	76.01
76.02	03951	PAIN MANAGEMENT	0.877483	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
91.00	09100	EMERGENCY	0.189743	1,041,188	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.047805	23,585	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)		11,598,328	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)		11,598,328	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0089 Component CCN: 14-S089	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/19/2018 3:39 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		1,551,426		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.340634	6,828	2,326	50.00
51.00	05100 RECOVERY ROOM	0.162979	1,479	241	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.417407	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.064791	947	61	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.361221	19,974	7,215	54.00
57.00	05700 CT SCAN	0.013560	71,621	971	57.00
58.00	05800 MRI	0.100606	6,544	658	58.00
60.00	06000 LABORATORY	0.162429	319,514	51,898	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.182508	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.201415	41,531	8,365	65.00
66.00	06600 PHYSICAL THERAPY	0.384255	59,543	22,880	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.408571	1,704	696	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.127977	12,412	1,588	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.396869	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.417636	192,691	80,475	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.665274	0	0	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	1.024708	0	0	76.01
76.02	03951 PAIN MANAGEMENT	0.877483	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
91.00	09100 EMERGENCY	0.189743	84,835	16,097	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.047805	5,321	5,575	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)		824,944	199,046	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)		824,944		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0089	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3
			Component CCN: 14-U089		Date/Time Prepared: 11/19/2018 3:39 pm
			Title XVIII	Swing Beds - SNF	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.340634	0	50.00
51.00	05100	RECOVERY ROOM	0.162979	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.417407	0	52.00
53.00	05300	ANESTHESIOLOGY	0.064791	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.361221	13,197	54.00
57.00	05700	CT SCAN	0.013560	6,112	57.00
58.00	05800	MRI	0.100606	0	58.00
60.00	06000	LABORATORY	0.161725	172,048	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.182508	9,688	63.00
65.00	06500	RESPIRATORY THERAPY	0.201415	64,076	65.00
66.00	06600	PHYSICAL THERAPY	0.384255	311,707	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.408571	25,274	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.127977	37,166	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.396869	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.417636	151,616	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.665274	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	1.024708	0	76.01
76.02	03951	PAIN MANAGEMENT	0.877483	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
91.00	09100	EMERGENCY	0.189743	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.047805	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)		790,884	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)		790,884	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0089	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/19/2018 3:39 pm
		Title XVIII	Hospital	PPS
			1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		851,295	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		2,869,394	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		103,945	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		45.11	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.23	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.21	31.00
32.00	Sum of lines 30 and 31		24.44	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.38	33.00
34.00	Disproportionate share adjustment (see instructions)		87,250	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0089	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/19/2018 3:39 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)		0.000031125	0.000078981	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		186,049	534,440	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		46,895	399,732	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		446,627		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		4,358,511		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))		4,872,523		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			4,872,523	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			310,809	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			5,183,332	59.00
60.00	Primary payer payments			3,660	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			5,179,672	61.00
62.00	Deductibles billed to program beneficiaries			579,248	62.00
63.00	Coinsurance billed to program beneficiaries			1,005	63.00
64.00	Allowable bad debts (see instructions)			172,733	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			112,276	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			172,733	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			4,711,695	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-11,066	70.93
70.94	HRR adjustment amount (see instructions)			-4,585	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet E
Part A
Date/Time Prepared:
11/19/2018 3:39 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	2017	161,426	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	2018	697,674	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		5,555,144	71.00	
71.01	Sequestration adjustment (see instructions)		111,103	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		5,478,517	72.00	
73.00	Tentative settlement (for contractor use only)		0	73.00	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-34,476	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	100.00	
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00	
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00	
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 inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparision of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/19/2018 3:39 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	851,295	0	851,295		851,295
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,869,394	0		2,869,394	2,869,394
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00	103,945	0	17,867	86,078	103,945
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0938	0.0938	0.0938	0.0938	
11.00	Disproportionate share adjustment (see instructions)	34.00	87,250	0	19,963	67,287	87,250
11.01	Uncompensated care payments	36.00	446,627	0	46,895	399,732	446,627
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	4,358,511	0	936,020	3,422,491	4,358,511
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	4,872,523	0	1,098,385	3,774,138	4,872,523
15.00	Total payment for inpatient operating costs (see instructions)	49.00	4,872,523	0	1,098,385	3,774,138	4,872,523
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	310,809	0	69,557	241,252	310,809
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ acquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/19/2018 3:39 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	1,167,942	4,015,390	5,183,332
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	298,378	0	67,971	230,407	298,378
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	12,431	0	1,586	10,845	12,431
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0
26.00	Total prospective capital payments (see instructions)	12.00	310,809	0	69,557	241,252	310,809
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.138214	0.173750	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			161,426		161,426
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				697,674	697,674
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/19/2018 3:39 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	851,295	851,295		851,295	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,869,394		2,869,394	2,869,394	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	103,945	17,867	86,077	103,944	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0938	0.0938	0.0938		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	87,250	19,963	67,287	87,250	11.00
11.01	Uncompensated care payments	36.00	446,627	46,895	399,732	446,627	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	4,358,511	936,020	3,422,491	4,358,511	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	4,872,523	1,263,268	4,063,825	5,327,093	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	4,872,523	1,263,268	3,609,255	4,872,523	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	310,809	69,557	241,252	310,809	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			1,332,825	3,850,507	5,183,332	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/19/2018 3:39 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	298,378	67,971	230,407	298,378	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	12,431	1,586	10,845	12,431	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	310,809	69,557	241,252	310,809	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	161,426	161,426		161,426	28.00
29.00	Low volume adjustment on or after October 1	70.97	697,674		697,674	697,674	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-11,066	1,114	-12,180	-11,066	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-4,585	-3,150	-1,435	-4,585	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0089	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/19/2018 3:39 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,229	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		6,104,067	2.00
3.00	OPPS payments		5,421,150	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)		0.822	5.00
6.00	Line 2 times line 5		5,017,543	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)		1,229	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		5,268	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		5,268	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 chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		5,268	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		4,039	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)		1,229	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)		5,421,150	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,111,390	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		4,310,989	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		4,310,989	30.00
31.00	Primary payer payments		99	31.00
32.00	Subtotal (line 30 minus line 31)		4,310,890	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)		291,871	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		189,716	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		291,871	36.00
37.00	Subtotal (see instructions)		4,500,606	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)		4,500,606	40.00
40.01	Sequestration adjustment (see instructions)		90,012	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		4,337,673	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		72,921	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet E-1
Part I
Date/Time Prepared:
11/19/2018 3:39 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		5,478,517		4,337,673	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)		5,478,517		4,337,673	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		72,921	6.01	
6.02	SETTLEMENT TO PROGRAM		34,476		0	6.02	
7.00	Total Medicare program liability (see instructions)		5,444,041		4,410,594	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0089 Component CCN: 14-S089		Period: From 07/01/2017 To 06/30/2018		Worksheet E-1 Part I Date/Time Prepared: 11/19/2018 3:39 pm	
		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		1,503,861		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)		1,503,861		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		5		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		1,503,866		0	7.00	
		0		Contractor Number	NPR Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0089

Period:

Worksheet E-1

Component CCN: 14-U089

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/19/2018 3:39 pm

		Title XVIII		Swing Beds - SNF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		179,864		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)		179,864		0	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		179,864		0	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0089	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part II Date/Time Prepared: 11/19/2018 3:39 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			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: 14-0089	Period: From 07/01/2017 To 06/30/2018	Worksheet E-2
		Component CCN: 14-U089		Date/Time Prepared: 11/19/2018 3:39 pm
		Title XVIII	Swing Beds - SNF	PPS
			Part A	Part B
			1.00	2.00
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)		199,241	0
2.00	Inpatient routine services - swing bed-NF (see instructions)			0
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)			0
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)			0.00
5.00	Program days		511	0
6.00	Interns and residents not in approved teaching program (see instructions)			0
7.00	Utilization review - physician compensation - SNF optional method only		0	0
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		199,241	0
9.00	Primary payer payments (see instructions)		0	0
10.00	Subtotal (line 8 minus line 9)		199,241	0
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	0
12.00	Subtotal (line 10 minus line 11)		199,241	0
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		15,706	0
14.00	80% of Part B costs (line 12 x 80%)			0
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)		183,535	0
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			0
16.55	Rural community hospital demonstration project (\$410A Demonstration) payment adjustment (see instructions)		0	0
16.99	Demonstration payment adjustment amount before sequestration		0	0
17.00	Allowable bad debts (see instructions)		0	0
17.01	Adjusted reimbursable bad debts (see instructions)		0	0
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	0
19.00	Total (see instructions)		183,535	0
19.01	Sequestration adjustment (see instructions)		3,671	0
19.02	Demonstration payment adjustment amount after sequestration)		0	0
20.00	Interim payments		179,864	0
21.00	Tentative settlement (for contractor use only)		0	0
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)		0	0
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0
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: 14-0089 Component CCN: 14-S089	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part II Date/Time Prepared: 11/19/2018 3:39 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,178,492 1.00
2.00	Net IPF PPS Outlier Payments			447,709 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			3.775342 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,626,201 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,626,201 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,626,201 18.00
19.00	Deductibles			87,696 19.00
20.00	Subtotal (line 18 minus line 19)			1,538,505 20.00
21.00	Coinsurance			3,948 21.00
22.00	Subtotal (line 20 minus line 21)			1,534,557 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,534,557 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,534,557 31.00
31.01	Sequestration adjustment (see instructions)			30,691 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,503,861 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			5 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			447,709 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

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

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet G

Date/Time Prepared:
11/19/2018 3:39 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	5,342,636	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	19,818,533	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,892,832	0	0	0	7.00
8.00	Prepaid expenses	3,092,748	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	30,146,749	0	0	0	11.00
FIXED ASSETS						
12.00	Land	111,602	0	0	0	12.00
13.00	Land improvements	3,450,730	0	0	0	13.00
14.00	Accumulated depreciation	-2,058,379	0	0	0	14.00
15.00	Buildings	44,393,716	0	0	0	15.00
16.00	Accumulated depreciation	-19,911,593	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	74,073,861	0	0	0	23.00
24.00	Accumulated depreciation	-49,213,247	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)	50,846,690	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	44,058,373	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	1,931,130	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	45,989,503	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	126,982,942	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,794,151	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)	501,711	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	145,486	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	12,441,348	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	28,276,119	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	28,276,119	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	40,717,467	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	86,265,475				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)	86,265,475	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	126,982,942	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet G-1

Date/Time Prepared:
11/19/2018 3:39 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		87,929,455		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-1,663,980				2.00
3.00	Total (sum of line 1 and line 2)		86,265,475		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		86,265,475		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		86,265,475		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018Worksheet G-2
Parts I & II
Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	10,327,080		10,327,080	1.00
2.00	SUBPROVIDER - IPF	2,227,463		2,227,463	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	974,220		974,220	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	13,528,763		13,528,763	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,241,946		3,241,946	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)	3,241,946		3,241,946	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	16,770,709		16,770,709	17.00
18.00	Ancillary services	24,221,086	108,511,198	132,732,284	18.00
19.00	Outpatient services	2,358,155	24,295,709	26,653,864	19.00
20.00	RURAL HEALTH CLINIC	0	998,174	998,174	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,500,124	1,500,124	22.00
23.00	AMBULANCE SERVICES	0	1,884,397	1,884,397	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	1,463,092	1,463,092	26.00
27.00	MCDONOUGH MEDICAL GROUP & OTHER	64,189	21,995,705	22,059,894	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	43,414,139	160,648,399	204,062,538	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		84,617,665		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	RECONCILE TO FINANCIAL STATEMENTS	1,844,560			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
41.01		0	0		41.01
42.00	Total deductions (sum of lines 37-41)		1,844,560		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		82,773,105		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0089

Period:
From 07/01/2017
To 06/30/2018

Worksheet G-3

Date/Time Prepared:
11/19/2018 3:39 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	204,062,538	1.00
2.00	Less contractual allowances and discounts on patients' accounts	123,510,976	2.00
3.00	Net patient revenues (line 1 minus line 2)	80,551,562	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	82,773,105	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-2,221,543	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	584	6.00
7.00	Income from investments	1,149,359	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING	759,499	24.00
24.01	GRANTS & GIFTS	67,484	24.01
24.02	OTHER (SPECIFY)	0	24.02
24.03	OTHER (SPECIFY)	0	24.03
24.04	OTHER (SPECIFY)	0	24.04
24.05	OTHER (SPECIFY)	0	24.05
24.06	OTHER (SPECIFY)	0	24.06
24.07	OTHER (SPECIFY)	0	24.07
25.00	Total other income (sum of lines 6-24)	1,976,926	25.00
26.00	Total (line 5 plus line 25)	-244,617	26.00
27.00	OTHER NON-OP NET	166,978	27.00
27.01	INTEREST EXPENSE	1,252,385	27.01
27.02	OTHER EXPENSES (SPECIFY)	0	27.02
27.03	OTHER EXPENSES (SPECIFY)	0	27.03
27.04	OTHER EXPENSES (SPECIFY)	0	27.04
28.00	Total other expenses (sum of line 27 and subscripts)	1,419,363	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-1,663,980	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0089
HHA CCN: 14-7293
Period: From 07/01/2017 To 06/30/2018
Worksheet H
Date/Time Prepared: 11/19/2018 3:39 pm

					Home Health Agency I	PPS
	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)
	1.00	2.00	3.00	4.00	5.00	6.00
GENERAL SERVICE COST CENTERS						
1.00 Capital Related - Bldg. & Fixtures			0		0	0 1.00
2.00 Capital Related - Movable Equipment			0		0	0 2.00
3.00 Plant Operation & Maintenance	0	0	0	0	0	0 3.00
4.00 Transportation	0	0	0	0	0	0 4.00
5.00 Administrative and General	228,441	0	0	19,018	10,396	257,855 5.00
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	622,455	0	40,314	0	15,372	678,141 6.00
7.00 Physical Therapy	219,466	0	15,555	0	0	235,021 7.00
8.00 Occupational Therapy	132,925	0	8,485	0	0	141,410 8.00
9.00 Speech Pathology	15,678	0	1,314	0	0	16,992 9.00
10.00 Medical Social Services	4,680	0	212	0	0	4,892 10.00
11.00 Home Health Aide	44,358	0	4,594	0	0	48,952 11.00
12.00 Supplies (see instructions)	0	0	0	0	17,672	17,672 12.00
13.00 Drugs	0	0	0	0	0	0 13.00
14.00 DME	0	0	0	0	0	0 14.00
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0	0	0 15.00
16.00 Respiratory Therapy	0	0	0	0	0	0 16.00
17.00 Private Duty Nursing	0	0	0	0	0	0 17.00
18.00 Clinic	0	0	0	0	0	0 18.00
19.00 Health Promotion Activities	0	0	0	0	0	0 19.00
20.00 Day Care Program	0	0	0	0	0	0 20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	0 21.00
22.00 Homemaker Service	0	0	0	0	0	0 22.00
23.00 All Others (specify)	0	0	0	0	0	0 23.00
23.50 Telemedicine	0	0	0	0	0	0 23.50
24.00 Total (sum of lines 1-23)	1,268,003	0	70,474	19,018	43,440	1,400,935 24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)		
	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS						
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00 Capital Related - Movable Equipment	0	0	0	0		2.00
3.00 Plant Operation & Maintenance	0	0	0	0		3.00
4.00 Transportation	0	0	0	0		4.00
5.00 Administrative and General	0	257,855	0	257,855		5.00
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	0	678,141	0	678,141		6.00
7.00 Physical Therapy	0	235,021	0	235,021		7.00
8.00 Occupational Therapy	0	141,410	0	141,410		8.00
9.00 Speech Pathology	0	16,992	0	16,992		9.00
10.00 Medical Social Services	0	4,892	0	4,892		10.00
11.00 Home Health Aide	0	48,952	0	48,952		11.00
12.00 Supplies (see instructions)	0	17,672	0	17,672		12.00
13.00 Drugs	0	0	0	0		13.00
14.00 DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0		15.00
16.00 Respiratory Therapy	0	0	0	0		16.00
17.00 Private Duty Nursing	0	0	0	0		17.00
18.00 Clinic	0	0	0	0		18.00
19.00 Health Promotion Activities	0	0	0	0		19.00
20.00 Day Care Program	0	0	0	0		20.00
21.00 Home Delivered Meals Program	0	0	0	0		21.00
22.00 Homemaker Service	0	0	0	0		22.00
23.00 All Others (specify)	0	0	0	0		23.00
23.50 Telemedicine	0	0	0	0		23.50
24.00 Total (sum of lines 1-23)	0	1,400,935	0	1,400,935		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0089

Period:

Worksheet H-1

HHA CCN: 14-7293

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/19/2018 3:39 pmHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportatio n		
			Bldgs & Fixtures	Movable Equipment			Subtotal (cols. 0-4)	
							0	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	257,855	0	0	0	0	257,855	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	678,141	0	0	0	0	678,141	6.00
7.00	Physical Therapy	235,021	0	0	0	0	235,021	7.00
8.00	Occupational Therapy	141,410	0	0	0	0	141,410	8.00
9.00	Speech Pathology	16,992	0	0	0	0	16,992	9.00
10.00	Medical Social Services	4,892	0	0	0	0	4,892	10.00
11.00	Home Health Aide	48,952	0	0	0	0	48,952	11.00
12.00	Supplies (see instructions)	17,672	0	0	0	0	17,672	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,400,935	0	0	0	0	1,400,935	24.00
		Administrativ e & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	257,855						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	152,974	831,115					6.00
7.00	Physical Therapy	53,016	288,037					7.00
8.00	Occupational Therapy	31,899	173,309					8.00
9.00	Speech Pathology	3,833	20,825					9.00
10.00	Medical Social Services	1,104	5,996					10.00
11.00	Home Health Aide	11,043	59,995					11.00
12.00	Supplies (see instructions)	3,986	21,658					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		1,400,935					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0089

Period:

Worksheet H-1

HHA CCN: 14-7293

From 07/01/2017

Part II

To 06/30/2018

Date/Time Prepared:

11/19/2018 3:39 pm

Home Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportatio n (MILEAGE)	Reconciliatio n	Administrativ e & General (ACCUM. COST)	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	0	0	0	-257,855	1,143,080	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	678,141	6.00
7.00	Physical Therapy	0	0	0	0	0	235,021	7.00
8.00	Occupational Therapy	0	0	0	0	0	141,410	8.00
9.00	Speech Pathology	0	0	0	0	0	16,992	9.00
10.00	Medical Social Services	0	0	0	0	0	4,892	10.00
11.00	Home Health Aide	0	0	0	0	0	48,952	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	17,672	12.00
13.00	Drugs	0	0	0		0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-257,855	1,143,080	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		257,855	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.225579	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/19/2018 3:39 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS				Agency 1		
			BLDG & FIXT	BLDG & FIXT	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	CAP REL COSTS-REHAB CNT		
		0	1.00	1.01	1.02	1.03	1.04		
1.00	Administrative and General	0	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	831,115	0	0	0	0	0	0	2.00
3.00	Physical Therapy	288,037	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	173,309	0	0	0	0	0	0	4.00
5.00	Speech Pathology	20,825	0	0	0	0	0	0	5.00
6.00	Medical Social Services	5,996	0	0	0	0	0	0	6.00
7.00	Home Health Aide	59,995	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	21,658	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	1,400,935	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00
Cost Center Description		CAPITAL RELATED COSTS							
		CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITA LITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG		
		1.05	1.06	1.07	1.08	1.09	1.10		
1.00	Administrative and General	0	0	8,962	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	8,962	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/19/2018 3:39 pmHome Health
Agency I

PPS

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	
		4.00	4A	5.00	6.00	6.01	6.02	
1.00	Administrative and General	54,000	62,962	9,105	0	0	0	1.00
2.00	Skilled Nursing Care	147,140	978,255	141,466	0	0	0	2.00
3.00	Physical Therapy	51,879	339,916	49,155	0	0	0	3.00
4.00	Occupational Therapy	31,422	204,731	29,606	0	0	0	4.00
5.00	Speech Pathology	3,706	24,531	3,547	0	0	0	5.00
6.00	Medical Social Services	1,106	7,102	1,027	0	0	0	6.00
7.00	Home Health Aide	10,486	70,481	10,192	0	0	0	7.00
8.00	Supplies (see instructions)	0	21,658	3,132	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	299,739	1,709,636	247,230	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00
Cost Center Description		MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHN ELL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		6.03	6.04	6.05	6.06	8.00	9.00	
1.00	Administrative and General	0	3,579	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	3,579	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/19/2018 3:39 pmHome Health
Agency I

PPS

Cost Center Description		HOUSEKEEPING- HSB	HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA	
		9.01	9.02	9.03	9.04	10.00	11.00	
1.00	Administrative and General	0	0	0	1,338	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	1,338	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	8,257	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	8,257	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/19/2018 3:39 pmHome Health
Agency I

PPS

Cost Center Description		PARAMED ED PRGM-CLOSED FY16	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.00	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	76,984	0	76,984			1.00
2.00	Skilled Nursing Care	0	1,127,978	0	1,127,978	45,870	1,173,848	2.00
3.00	Physical Therapy	0	389,071	0	389,071	15,822	404,893	3.00
4.00	Occupational Therapy	0	234,337	0	234,337	9,530	243,867	4.00
5.00	Speech Pathology	0	28,078	0	28,078	1,142	29,220	5.00
6.00	Medical Social Services	0	8,129	0	8,129	331	8,460	6.00
7.00	Home Health Aide	0	80,673	0	80,673	3,281	83,954	7.00
8.00	Supplies (see instructions)	0	24,790	0	24,790	1,008	25,798	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	1,970,040	0	1,970,040	76,984	1,970,040	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.040667		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/19/2018 3:39 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS					CAP REL COSTS-DIAYSIS (PER CENT)	
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)	CAP REL COSTS-REHAB CNT (PER CENT)		
		1.00	1.01	1.02	1.03	1.04		
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		CAPITAL RELATED COSTS					EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLIN (PER CENT)	BUSHNELL OFFICE BLDG (SQUARE FEET)		
		1.06	1.07	1.08	1.09	1.10		
1.00	Administrative and General	0	1,050	0	0	0	228,441	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	622,455	2.00
3.00	Physical Therapy	0	0	0	0	0	219,466	3.00
4.00	Occupational Therapy	0	0	0	0	0	132,925	4.00
5.00	Speech Pathology	0	0	0	0	0	15,678	5.00
6.00	Medical Social Services	0	0	0	0	0	4,680	6.00
7.00	Home Health Aide	0	0	0	0	0	44,358	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	1,050	0	0	0	1,268,003	20.00
21.00	Total cost to be allocated	0	8,962	0	0	0	299,739	21.00
22.00	Unit cost multiplier	0.000000	8.535238	0.000000	0.000000	0.000000	0.236387	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0089
HHA CCN: 14-7293Period:
From 07/01/2017
To 06/30/2018Worksheet H-2
Part II
Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Description		Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	Home Health Agency I MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	
		5A	5.00	6.00	6.01	6.02	6.03	
1.00	Administrative and General	0	62,962	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	978,255	0	0	0	0	2.00
3.00	Physical Therapy	0	339,916	0	0	0	0	3.00
4.00	Occupational Therapy	0	204,731	0	0	0	0	4.00
5.00	Speech Pathology	0	24,531	0	0	0	0	5.00
6.00	Medical Social Services	0	7,102	0	0	0	0	6.00
7.00	Home Health Aide	0	70,481	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	21,658	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)		1,709,636	0	0	0	0	20.00
21.00	Total cost to be allocated		247,230	0	0	0	0	21.00
22.00	Unit cost multiplier		0.144610	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	MAINTENANCE & REPAIRS-BUSHN ELL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING-HSB (SQUARE FEET)	
		6.04	6.05	6.06	8.00	9.00	9.01	
1.00	Administrative and General	1,050	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	1,050	0	0	0	0	0	20.00
21.00	Total cost to be allocated	3,579	0	0	0	0	0	21.00
22.00	Unit cost multiplier	3.408571	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0089

Period:

Worksheet H-2

HHA CCN: 14-7293

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/19/2018 3:39 pmHome Health
Agency I

PPS

Cost Center Description		HOUSEKEEPING- HSB II (SQUARE FEET)	HOUSEKEEPING- ORTHO (SQUARE FEET)	HOUSEKEEPING- MAB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATIO N (DIRECT NRSIN)	
		9.02	9.03	9.04	10.00	11.00	13.00	
1.00	Administrative and General	0	0	1,050	0	1,756	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	1,050	0	1,756	0	20.00
21.00	Total cost to be allocated	0	0	1,338	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	1.274286	0.000000	0.000000	0.000000	22.00
Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED ED PRGM-CLOSED FY16 (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	19.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	32,190	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	32,190	0	0	0	0	0	20.00
21.00	Total cost to be allocated	8,257	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.256508	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0089

Period:

Worksheet H-3

HHA CCN: 14-7293

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/19/2018 3:39 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,173,848		1,173,848	5,462	214.91	1.00
2.00	Physical Therapy	3.00	404,893	0	404,893	1,814	223.20	2.00
3.00	Occupational Therapy	4.00	243,867	0	243,867	982	248.34	3.00
4.00	Speech Pathology	5.00	29,220	0	29,220	81	360.74	4.00
5.00	Medical Social Services	6.00	8,460		8,460	14	604.29	5.00
6.00	Home Health Aide	7.00	83,954		83,954	626	134.11	6.00
7.00	Total (sum of lines 1-6)		1,944,242	0	1,944,242	8,979		7.00
				Program Visits				
						Part B		
				Part A		Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		99914	0	2,682			8.00
9.00	Physical Therapy		99914	0	973			9.00
10.00	Occupational Therapy		99914	0	566			10.00
11.00	Speech Pathology		99914	0	49			11.00
12.00	Medical Social Services		99914	0	12			12.00
13.00	Home Health Aide		99914	0	256			13.00
14.00	Total (sum of lines 8-13)			0	4,538			14.00
						Cost of Services		
						Part B		
				Part A		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	2,682		0	576,389		1.00
2.00	Physical Therapy	0	973		0	217,174		2.00
3.00	Occupational Therapy	0	566		0	140,560		3.00
4.00	Speech Pathology	0	49		0	17,676		4.00
5.00	Medical Social Services	0	12		0	7,251		5.00
6.00	Home Health Aide	0	256		0	34,332		6.00
7.00	Total (sum of lines 1-6)	0	4,538		0	993,382		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0089

Period:

Worksheet H-3

HHA CCN: 14-7293

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/19/2018 3:39 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description						Agency 1			
		6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
9.00	Physical Therapy							9.00	
10.00	Occupational Therapy							10.00	
11.00	Speech Pathology							11.00	
12.00	Medical Social Services							12.00	
13.00	Home Health Aide							13.00	
14.00	Total (sum of lines 8-13)							14.00	
Cost Center Description		Program Covered Charges			Cost of Services				
		Part A	Part B			Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	0	17,697	0	0	22,032	0	15.00	
16.00	Cost of Drugs		43	0		0	0	16.00	
Cost Center Description		Total Program Cost (sum of cols. 9-10)							
		12.00							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	576,389						1.00	
2.00	Physical Therapy	217,174						2.00	
3.00	Occupational Therapy	140,560						3.00	
4.00	Speech Pathology	17,676						4.00	
5.00	Medical Social Services	7,251						5.00	
6.00	Home Health Aide	34,332						6.00	
7.00	Total (sum of lines 1-6)	993,382						7.00	
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
9.00	Physical Therapy							9.00	
10.00	Occupational Therapy							10.00	
11.00	Speech Pathology							11.00	
12.00	Medical Social Services							12.00	
13.00	Home Health Aide							13.00	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0089

Period:

Worksheet H-3

HHA CCN: 14-7293

From 07/01/2017

Part II

To 06/30/2018

Date/Time Prepared:

11/19/2018 3:39 pm

Title XVIII

Home Health

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.384255	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.000000	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.408571	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.127977	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.417636	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0089 HHA CCN: 14-7293	Period: From 07/01/2017 To 06/30/2018	Worksheet H-4 Part I-II Date/Time Prepared: 11/19/2018 3:39 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	43	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	43	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	43	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	554,401
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	113,738
13.00	Total PPS Reimbursement - LUPA Episodes		0	11,134
14.00	Total PPS Reimbursement - PEP Episodes		0	4,703
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	31,875
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	219
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	716,070
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	716,070
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	716,070
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	716,070
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	716,070
31.01	Sequestration adjustment (see instructions)		0	14,321
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	701,748
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	1
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIESProvider CCN: 14-0089
HHA CCN: 14-7293Period:
From 07/01/2017
To 06/30/2018

Worksheet H-5

Date/Time Prepared:
11/19/2018 3:39 pm

				Home Health Agency I		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		701,748	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		701,748	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		701,749	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0089

Period:

Worksheet 0

Hospice CCN: 14-1524

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/19/2018 3:39 pm

		Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	SUBTOTAL
		1.00	2.00	3.00	5.00
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	8,509	8,509	0
4.00	ADMINISTRATIVE & GENERAL*	40,040	49,069	89,109	0
5.00	PLANT OPERATION & MAINTENANCE*	0	577	577	0
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0
7.00	HOUSEKEEPING*	0	0	0	0
8.00	DIETARY*	0	0	0	0
9.00	NURSING ADMINISTRATION*	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES*	0	19,172	19,172	0
11.00	MEDICAL RECORDS*	0	0	0	0
12.00	STAFF TRANSPORTATION*	0	30,685	30,685	0
13.00	VOLUNTEER SERVICE COORDINATION*	10,812	0	10,812	0
14.00	PHARMACY*	0	42,671	42,671	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0
16.00	OTHER GENERAL SERVICE*	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES				
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED**		0	0	0
26.00	PHYSICIAN SERVICES**	266,696	0	266,696	0
27.00	NURSE PRACTITIONER**	0	0	0	0
28.00	REGISTERED NURSE**	233,241	0	233,241	0
29.00	LPN/LVN**	0	0	0	0
30.00	PHYSICAL THERAPY**	0	0	0	0
31.00	OCCUPATIONAL THERAPY**	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES**	26,903	0	26,903	0
34.00	SPIRITUAL COUNSELING**	0	0	0	0
35.00	DIETARY COUNSELING**	0	0	0	0
36.00	COUNSELING - OTHER**	0	0	0	0
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	5,806	0	5,806	0
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	47,643	47,643	0
39.00	PATIENT TRANSPORTATION**	0	0	0	0
40.00	IMAGING SERVICES**	0	0	0	0
41.00	LABS & DIAGNOSTICS**	113	0	113	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0
43.00	OUTPATIENT SERVICES**	0	115,968	115,968	0
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM *	3,239	0	3,239	0
61.00	VOLUNTEER PROGRAM *	0	0	0	0
62.00	FUNDRAISING*	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0
66.00	RESIDENTIAL CARE*	0	127,500	127,500	0
67.00	ADVERTISING*	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0
69.00	THRIFT STORE*	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0
100.00	TOTAL	586,850	441,794	1,028,644	0

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0089

Period:

Worksheet 0

Hospice CCN: 14-1524

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/19/2018 3:39 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I	
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT*	0	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	8,509		3.00
4.00	ADMINISTRATIVE & GENERAL*	0	89,109		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	577		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPING*	0	0		7.00
8.00	DIETARY*	0	0		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	19,172		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	30,685		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	10,812		13.00
14.00	PHARMACY*	0	42,671		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED**	0	0		25.00
26.00	PHYSICIAN SERVICES**	0	266,696		26.00
27.00	NURSE PRACTITIONER**	0	0		27.00
28.00	REGISTERED NURSE**	0	233,241		28.00
29.00	LPN/LVN**	0	0		29.00
30.00	PHYSICAL THERAPY**	0	0		30.00
31.00	OCCUPATIONAL THERAPY**	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	26,903		33.00
34.00	SPIRITUAL COUNSELING**	0	0		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	5,806		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	47,643		38.00
39.00	PATIENT TRANSPORTATION**	0	0		39.00
40.00	IMAGING SERVICES**	0	0		40.00
41.00	LABS & DIAGNOSTICS**	0	113		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0		42.50
43.00	OUTPATIENT SERVICES**	0	115,968		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0		46.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM *	0	3,239		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	127,500		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	0	1,028,644		100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE

Provider CCN: 14-0089

Period:

Worksheet 0-2

Hospice CCN: 14-1524

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/19/2018 3:39 pm

					Hospice I	11/10/2018 0:00 pm	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	266,370	0	266,370	0	266,370	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	232,956	0	232,956	0	232,956	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	26,870	0	26,870	0	26,870	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	5,799	0	5,799	0	5,799	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	47,643	47,643	0	47,643	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	113	0	113	0	113	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	115,826	115,826	0	115,826	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	532,108	163,469	695,577	0	695,577	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	266,370	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	232,956	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	26,870	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	5,799	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	47,643	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	113	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	115,826	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	695,577	100.00

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

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

Provider CCN: 14-0089

Period:

Worksheet 0-3

Hospice CCN: 14-1524

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/19/2018 3:39 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	326	0	326	0	326	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	285	0	285	0	285	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	33	0	33	0	33	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	7	0	7	0	7	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	142	142	0	142	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	651	142	793	0	793	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	326	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	285	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	33	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	7	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	142	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	793	100.00

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

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

Provider CCN: 14-0089

Period:

Worksheet 0-5

Hospice CCN: 14-1524

From 07/01/2017

Date/Time Prepared:

To 06/30/2018

11/19/2018 3:39 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	8,962	8,962	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	8,509	138,724	147,233	3.00
4.00	ADMINISTRATIVE & GENERAL	89,109	170,109	259,218	4.00
5.00	PLANT OPERATION & MAINTENANCE	577	3,579	4,156	5.00
6.00	LAUNDRY & LINEN SERVICE	0	1,000	1,000	6.00
7.00	HOUSEKEEPING	0	1,338	1,338	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	19,172	4,918	24,090	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	30,685		30,685	12.00
13.00	VOLUNTEER SERVICE COORDINATION	10,812		10,812	13.00
14.00	PHARMACY	42,671	0	42,671	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	695,577		695,577	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	793		793	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0		0	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	3,239		3,239	60.00
61.00	VOLUNTEER PROGRAM	0		0	61.00
62.00	FUNDRAISING	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	65.00
66.00	RESIDENTIAL CARE	127,500		127,500	66.00
67.00	ADVERTISING	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	68.00
69.00	THRIFT STORE	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	71.00
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	1,028,644	328,630	1,357,274	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/19/2018 3:39 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX		CAP REL MVBLE EQUIP		EMPLOYEE BENEFITS DEPARTMENT		SUBTOTAL	
		0	1.00	2.00	3.00	3A					
GENERAL SERVICE COST CENTERS											
1.00	CAP REL COSTS-BLDG & FIXT	8,962	8,962								1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	147,233	0	0	147,233						3.00
4.00	ADMINISTRATIVE & GENERAL	259,218	8,962	0	14,190	282,370					4.00
5.00	PLANT OPERATION & MAINTENANCE	4,156	0	0	0	4,156					5.00
6.00	LAUNDRY & LINEN SERVICE	1,000	0	0	0	1,000					6.00
7.00	HOUSEKEEPING	1,338	0	0	0	1,338					7.00
8.00	DIETARY	0	0	0	0	0					8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	24,090	0	0	0	24,090					10.00
11.00	MEDICAL RECORDS	0	0	0	0	0					11.00
12.00	STAFF TRANSPORTATION	30,685	0	0	0	30,685					12.00
13.00	VOLUNTEER SERVICE COORDINATION	10,812	0	0	0	10,812					13.00
14.00	PHARMACY	42,671	0	0	0	42,671					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0					15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0					16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0					17.00
LEVEL OF CARE											
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0					50.00
51.00	HOSPICE ROUTINE HOME CARE	695,577			131,448	827,025					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	793	0	0	210	1,003					52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0					53.00
NONREIMBURSABLE COST CENTERS											
60.00	BEREAVEMENT PROGRAM	3,239	0	0	1,385	4,624					60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0					61.00
62.00	FUNDRAISING	0	0	0	0	0					62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0					63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0					64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0					65.00
66.00	RESIDENTIAL CARE	127,500	0	0	0	127,500					66.00
67.00	ADVERTISING	0	0	0	0	0					67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0					68.00
69.00	THRIFT STORE	0	0	0	0	0					69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0					71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0					99.00
100.00	TOTAL	1,357,274	8,962	0	147,233	1,357,274					100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/19/2018 3:39 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	282,370						4.00
5.00	PLANT OPERATION & MAINTENANCE	1,092	5,248					5.00
6.00	LAUNDRY & LINEN SERVICE	263	0	1,263				6.00
7.00	HOUSEKEEPING	351	0		1,689			7.00
8.00	DIETARY	0	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0	0		0			9.00
10.00	ROUTINE MEDICAL SUPPLIES	6,328	0		0			10.00
11.00	MEDICAL RECORDS	0	0		0			11.00
12.00	STAFF TRANSPORTATION	8,061	0		0			12.00
13.00	VOLUNTEER SERVICE COORDINATION	2,840	0		0			13.00
14.00	PHARMACY	11,209	0		0			14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0			15.00
16.00	OTHER GENERAL SERVICE	0	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0			17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	217,255						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	263	5,248	1,263	1,689	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	1,215	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	33,493	0	0		0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	99.00
100.00	TOTAL	282,370	5,248	1,263	1,689			100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/19/2018 3:39 pm

Descriptions		Hospice I					
		NURSING ADMINISTRATIO N	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATIO N	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	30,418				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			38,746		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	13,652	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	30,381	0	38,684	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	37	0	62	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	13,652	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	30,418	0	38,746	13,652	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/19/2018 3:39 pm

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	53,880					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	53,794	0	0		1,167,139	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	86	0	0	0	9,651	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		5,839	60.00
61.00	VOLUNTEER PROGRAM	0		0		13,652	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	160,993	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	53,880	0	0	0	1,357,274	100.00

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

Provider CCN: 14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATIO N	ADMINISTRATIV E & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	9,563					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	561,516			3.00
4.00	ADMINISTRATIVE & GENERAL	9,563	0	54,119	-282,370	1,074,904	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	4,156	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	1,000	6.00
7.00	HOUSEKEEPING	0	0	0	0	1,338	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	24,090	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	30,685	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	10,812	13.00
14.00	PHARMACY	0	0	0	0	42,671	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			501,316	0	827,025	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	800	0	1,003	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	5,281	0	4,624	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	127,500	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	8,962	0	147,233		282,370	100.00
101.00	UNIT COST MULTIPLIER	0.937154	0.000000	0.262206		0.262693	101.00

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

Provider CCN: 14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATIO N (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	9,563					5.00
6.00	LAUNDRY & LINEN SERVICE	0	9				6.00
7.00	HOUSEKEEPING	0		9,563			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	9,563	9	9,563	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	5,248	1,263	1,689	0	0	100.00
101.00	UNIT COST MULTIPLIER	0.548782	140.333333	0.176618	0.000000	0.000000	101.00

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

Provider CCN: 14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/19/2018 3:39 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATIO N (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	7,367					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			6,900			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	374		13.00
14.00	PHARMACY			0	0	6,900	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	7,358	0	6,889	0	6,889	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	9	0	11	0	11	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	374	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	30,418	0	38,746	13,652	53,880	100.00
101.00	UNIT COST MULTIPLIER	4.128953	0.000000	5.615362	36.502674	7.808696	101.00

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

Provider CCN: 14-0089

Period:

Worksheet 0-6

Hospice CCN: 14-1524

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/19/2018 3:39 pm

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

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

Provider CCN: 14-0089

Period:

Worksheet 0-7

Hospice CCN: 14-1524

From 07/01/2017
To 06/30/2018

Date/Time Prepared:
11/19/2018 3:39 pm

Hospice I

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				2.00	3.00	4.00	
		0	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.384255	0	340	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.408571	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.417636	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.161725	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.127977	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0.665274	0	0	0	10.00
10.01	DIABETES/WOUND CARE/COUMADIN CNTR	76.01	1.024708	0	0	0	10.01
10.02	PAIN MANAGEMENT	76.02	0.877483	0	0	0	10.02
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	131	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	10.00
10.01	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	10.01
10.02	PAIN MANAGEMENT	0	0	0	0	0	10.02
11.00	Totals (sum of lines 1-11)		0	131	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0089

Period:

Worksheet 0-8

Hospice CCN: 14-1524

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/19/2018 3:39 pm

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			1,167,270	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			7,358	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			158.64	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	6,015	877		9.00
10.00	Program cost (line 8 times line 9)	954,220	139,127		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			9,651	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			9	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			1,072.33	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	9	0		14.00
15.00	Program cost (line 13 times line 14)	9,651	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			0	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			0	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			0.00	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	0	0		19.00
20.00	Program cost (line 18 times line 19)	0	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			1,176,921	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			7,367	22.00
23.00	Average cost per diem (line 21 divided by line 22)			159.76	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0089	Period: From 07/01/2017 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 11/19/2018 3:39 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		298,378	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		12,431	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		12.92	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		310,809	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0089

Period:

Worksheet M-1

Component CCN: 14-8522

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/19/2018 3:39 pm

		RHC I		Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassificat ions	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	138,905	0	138,905	0	138,905
2.00	Physician Assistant	0	0	0	0	0
3.00	Nurse Practitioner	103,535	0	103,535	0	103,535
4.00	Visiting Nurse	0	0	0	0	0
5.00	Other Nurse	0	0	0	0	0
6.00	Clinical Psychologist	0	0	0	0	0
7.00	Clinical Social Worker	0	0	0	0	0
8.00	Laboratory Technician	0	0	0	0	0
9.00	Other Facility Health Care Staff Costs	250,467	0	250,467	0	250,467
10.00	Subtotal (sum of lines 1 through 9)	492,907	0	492,907	0	492,907
11.00	Physician Services Under Agreement	0	0	0	0	0
12.00	Physician Supervision Under Agreement	0	0	0	0	0
13.00	Other Costs Under Agreement	0	0	0	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0
15.00	Medical Supplies	0	11,238	11,238	0	11,238
16.00	Transportation (Health Care Staff)	0	0	0	0	0
17.00	Depreciation-Medical Equipment	0	0	0	0	0
18.00	Professional Liability Insurance	0	7,289	7,289	0	7,289
19.00	Other Health Care Costs	0	0	0	0	0
20.00	Allowable GME Costs	0	0	0	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	18,527	18,527	0	18,527
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	492,907	18,527	511,434	0	511,434
COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	15,539	15,539	0	15,539
24.00	Dental	0	0	0	0	0
25.00	Optometry	0	0	0	0	0
25.01	Telehealth	0	0	0	0	0
25.02	Chronic Care Management	0	0	0	0	0
26.00	All other nonreimbursable costs	0	0	0	0	0
27.00	Nonallowable GME costs	0	0	0	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	15,539	15,539	0	15,539
FACILITY OVERHEAD						
29.00	Facility Costs	0	18,468	18,468	0	18,468
30.00	Administrative Costs	0	14,355	14,355	0	14,355
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	32,823	32,823	0	32,823
32.00	Total facility costs (sum of lines 22, 28 and 31)	492,907	66,889	559,796	0	559,796

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0089

Period:

Worksheet M-1

Component CCN: 14-8522

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/19/2018 3:39 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	0	138,905	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	103,535	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	0	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	250,467	9.00
10.00	Subtotal (sum of lines 1 through 9)	0	492,907	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00	Medical Supplies	0	11,238	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	7,289	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	18,527	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	511,434	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	15,539	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	15,539	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	0	18,468	29.00
30.00	Administrative Costs	0	14,355	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	32,823	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	559,796	32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 14-0089

Period:

Worksheet M-2

Component CCN: 14-8522

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/19/2018 3:39 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	0.89	2,913	4,200	3,738		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	0.89	2,050	2,100	1,869		3.00
4.00	Subtotal (sum of lines 1 through 3)	1.78	4,963		5,607	5,607	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	1.78	4,963			5,607	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)					511,434	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					15,539	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					526,973	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					0.970513	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					32,823	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					365,806	15.00
16.00	Total overhead (sum of lines 14 and 15)					398,629	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					398,629	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					386,875	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					898,309	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0089 Component CCN: 14-8522	Period: From 07/01/2017 To 06/30/2018	Worksheet M-3 Date/Time Prepared: 11/19/2018 3:39 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)			898,309	1.00	
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			34,176	2.00	
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			864,133	3.00	
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			5,607	4.00	
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0	5.00	
6.00	Total adjusted visits (line 4 plus line 5)			5,607	6.00	
7.00	Adjusted cost per visit (line 3 divided by line 6)			154.12	7.00	
			Calculation of Limit (1)			
			Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)		
			1.00	2.00		
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)			0.00	0.00	8.00
9.00	Rate for Program covered visits (see instructions)			154.12	154.12	9.00
CALCULATION OF SETTLEMENT						
10.00	Program covered visits excluding mental health services (from contractor records)		0	1,443	10.00	
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		0	222,395	11.00	
12.00	Program covered visits for mental health services (from contractor records)		0	0	12.00	
13.00	Program covered cost from mental health services (line 9 x line 12)		0	0	13.00	
14.00	Limit adjustment for mental health services (see instructions)		0	0	14.00	
15.00	Graduate Medical Education Pass Through Cost (see instructions)				15.00	
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		0	222,395	16.00	
16.01	Total program charges (see instructions)(from contractor's records)			222,877	16.01	
16.02	Total program preventive charges (see instructions)(from provider's records)			19,390	16.02	
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			19,348	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.)			142,581	16.04	
16.05	Total program cost (see instructions)		0	161,929	16.05	
17.00	Primary payer amounts			0	17.00	
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			24,821	18.00	
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			35,707	19.00	
20.00	Net Medicare cost excluding vaccines (see instructions)			161,929	20.00	
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			15,047	21.00	
22.00	Total reimbursable Program cost (line 20 plus line 21)			176,976	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)			176,976	26.00	
26.01	Sequestration adjustment (see instructions)			3,540	26.01	
26.02	Demonstration payment adjustment amount after sequestration			0	26.02	
27.00	Interim payments			156,775	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)			16,661	29.00	
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2			0	30.00	

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN:14-0089 Component CCN:14-8522	Period: From 07/01/2017 To 06/30/2018	Worksheet M-4 Date/Time Prepared: 11/19/2018 3:39 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)		492,907	492,907	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.000419	0.008746	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		207	4,311	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		4,451	10,488	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		4,658	14,799	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		511,434	511,434	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		386,875	386,875	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.009108	0.028936	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		3,524	11,195	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		8,182	25,994	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		35	730	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		233.77	35.61	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		47	114	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		10,987	4,060	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)			34,176	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)			15,047	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-0089 Component CCN: 14-8522	Period: From 07/01/2017 To 06/30/2018	Worksheet M-5 Date/Time Prepared: 11/19/2018 3:39 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		156,775	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)		156,775		4.00
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				5.00
Program to Provider					
5.01			0		5.01
5.02			0		5.02
5.03			0		5.03
Provider to Program					
5.50			0		5.50
5.51			0		5.51
5.52			0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				6.00
6.01	SETTLEMENT TO PROVIDER		16,661		6.01
6.02	SETTLEMENT TO PROGRAM		0		6.02
7.00	Total Medicare program liability (see instructions)		173,436		7.00
		Contractor Number	NPR Date (Mo/Day/Yr)		
		0	1.00	2.00	
8.00	Name of Contractor				8.00