

State Copy

Health Financial Systems PINCKNEYVILLE COMMUNITY HOSPITAL In Lieu of Form CMS-2552-10

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-1307	Period: From 05/01/2018 To 04/30/2019	Worksheet S Parts I-III Date/Time Prepared: 9/25/2019 4:08 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date:	Time:
	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 PINCKNEYVILLE COMMUNITY HOSPITAL (14-1307) for the cost reporting period beginning 05/01/2018 and ending 04/30/2019 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 XVIII			HIT	Title XIX	
		Title V	Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY							
1.00	Hospital	0	-32,173	30,468	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing bed - SNF	0	20,726	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
10.00	RURAL HEALTH CLINIC I	0		86,529		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	-11,447	116,997	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: 14-1307		Period: From 05/01/2018 To 04/30/2019		Worksheet S-2 Part I Date/Time Prepared: 9/25/2019 4:08 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 5383 STATE ROUTE 154			PO Box:		1.00				
2.00	City: PINCKNEYVILLE			State: IL		Zip Code: 62274-1034		County: PERRY		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	
								XIX		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		PINCKNEYVILLE COMMUNITY HOSPITAL	141307	99914	1	11/30/2000	N	O	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF		PINCKNEYVILLE CRITICAL ACC SWING BED	14Z307	99914		02/06/2001	N	O	N
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC		PINCKNEYVILLE HOSPITAL RHC	143412	99914		03/27/1995	N	O	N
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
17.10	Hospital-Based (CORF) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						05/01/2018	04/30/2019		
21.00	Type of Control (see instructions)						11			
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N			
22.02	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			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet S-2
Part I
Date/Time Prepared:
9/25/2019 4:08 pm

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	0	0	0	0	0	0	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00
					Urban/Rural S 1.00	Date of Geogr 2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning: 1.00	Ending: 2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N 1.00	Y/N 2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V 1.00	XVIII 2.00	XIX 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.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet S-2
Part I
Date/Time Prepared:
9/25/2019 4:08 pm

		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	4.00
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
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				0.00
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)				
61.03	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)				
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).				
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)				
61.06	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)				
		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
61.20	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
					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
62.01	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
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
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.					
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000

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From 05/01/2018
To 04/30/2019Worksheet S-2
Part I
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9/25/2019 4:08 pm

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

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				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.			Y	Y	98.00		
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	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.			Y	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.			Y	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.			Y	Y	98.06		
Rural Providers								
105.00	Does this hospital qualify as a CAH?			Y		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			Y		106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			N		107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			Y		108.00		
			Physical	Occupational	Speech	Respiratory		
			1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			Y	N	N	N	109.00
						1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N			110.00

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			1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
			1.00	2.00	3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	49,243	0	0	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N			140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-1307		Period: From 05/01/2018 To 04/30/2019		Worksheet S-2 Part I Date/Time Prepared: 9/25/2019 4:08 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name:	Contractor's Name:		Contractor's Number:				141.00	
142.00	Street:	PO Box:						142.00	
143.00	City:	State:		Zip Code:				143.00	
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					N		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							146.00	
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	Y	Y	N	N	155.00			
156.00	Subprovider - IPF	N	N	N	N	156.00			
157.00	Subprovider - IRF	N	N	N	N	157.00			
158.00	SUBPROVIDER					158.00			
159.00	SNF	N	N	N	N	159.00			
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00			
161.00	CMHC		N	N	N	161.00			
161.10	CORF		N	N	N	161.10			
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					05/01/2018	04/30/2019		170.00
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N			0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-1307	Period: From 05/01/2018 To 04/30/2019	Worksheet S-2 Part II Date/Time Prepared: 9/25/2019 4:08 pm
			Y/N 1.00	Date 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 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	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 1.00	Legal Oper. 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 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	07/09/2019	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		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		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet S-2
Part II
Date/Time Prepared:
9/25/2019 4:08 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		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		Y		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PAUL	TRACZEK		41.00
42.00	Enter the employer/company name of the cost report preparer.	WIPFLI			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	715-858-6619	PTRACZEK@WIPFLI.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet S-2
Part II
Date/Time Prepared:
9/25/2019 4:08 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.	PARTNER	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

Health Financial Systems		PINCKNEYVILLE COMMUNITY HOSPITAL		Non-CMS HFS Worksheet	
HFS Supplemental Information		Provider CCN: 14-1307	Period: From 05/01/2018 To 04/30/2019	Worksheet S-2 Part IX Date/Time Prepared: 9/25/2019 4:08 pm	
			Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	Y	Y	1.00	
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	Y	Y	2.00	
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	Y	Y	3.00	
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01	
			Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00	
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00	
			Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	Y	Y	6.00	
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	Y	Y	7.00	
RHC					
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00	
FQHC					
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet S-3
Part I
Date/Time Prepared:
9/25/2019 4:08 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	17	6,205	23,448.00	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)		17	6,205	23,448.00	0	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)		17	6,205	23,448.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
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)		17				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet S-3
Part I
Date/Time Prepared:
9/25/2019 4:08 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)	719	58	981			1.00
2.00	HMO and other (see instructions)	46	0				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	1,220	0	1,345			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	813			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	1,939	58	3,139			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)	1,939	58	3,139	0.00	166.20	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	6,666	3,458	18,262	0.00	32.02	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	198.22	27.00
28.00	Observation Bed Days		26	319			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			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: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet S-3
Part I
Date/Time Prepared:
9/25/2019 4:08 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	211	20	309	1.00
2.00 HMO and other (see instructions)			12	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	211	20	309	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
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

Health Financial Systems		PINCKNEYVILLE COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-1307 Component CCN: 14-3412		Period: From 05/01/2018 To 04/30/2019 Worksheet S-8 Date/Time Prepared: 9/25/2019 4:08 pm	
		RHC I		Cost	
		1.00			
Clinic Address and Identification					
1.00	Street	5383 STATE ROUTE 154		1.00	
		City	State	ZIP Code	
		1.00	2.00	3.00	
2.00	City, State, ZIP Code, County	PINCKNEYVILLE		IL 62274 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	
		from	to	from	to
		1.00	2.00	3.00	4.00
		Tuesday		from	
				5.00	
Facility hours of operations (1)					
11.00	CLINIC	08:30		19:00 08:30 11.00	
		1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?	N		12.00	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	N		0 13.00	
		Provider name		CCN number	
		1.00		2.00	
14.00	RHC/FQHC name, CCN number			14.00	
		Y/N	V	XVIII	XIX
		1.00	2.00	3.00	4.00
				Total Visits	
				5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)	15.00			
		County		4.00	
2.00	City, State, ZIP Code, County	PERRY		2.00	
		Tuesday	Wednesday	Thursday	
		to	from	to	from
		6.00	7.00	8.00	9.00
				10.00	
Facility hours of operations (1)					
11.00	CLINIC	19:00	08:30	19:00	08:30 19:00 11.00

Health Financial Systems		PINCKNEYVILLE COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA			Provider CCN: 14-1307	Period: From 05/01/2018	Worksheet S-8
			Component CCN: 14-3412	To 04/30/2019	Date/Time Prepared: 9/25/2019 4:08 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	09:00	12:00
					11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-1307	Period: From 05/01/2018 To 04/30/2019	Worksheet S-10 Date/Time Prepared: 9/25/2019 4:08 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)		0.517034	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		2,069,811	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		21,351	5.00
6.00	Medicaid charges		5,860,447	6.00
7.00	Medicaid cost (line 1 times line 6)		3,030,050	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)		938,888	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		282,158	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		938,888	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	238,059	352,868	590,927
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	123,085	352,868	475,953
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	123,085	352,868	475,953
				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)		591,804	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		365,857	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		562,857	27.01
28.00	Non-Medicare bad debt expense (see instructions)		28,947	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		211,967	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		687,920	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		1,626,808	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019

Worksheet A

Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (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		1,743,274	1,743,274	802,238	2,545,512	1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG		0	0	0	0	1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG		0	0	2,059	2,059	1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG		0	0	20,102	20,102	1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG		0	0	813	813	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP		665,561	665,561	0	665,561	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG		0	0	0	0	2.01
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	86,932	3,274,252	3,361,184	6,783	3,367,967	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,471,904	1,308,386	2,780,290	-37,997	2,742,293	5.00
6.00	00600	MAINTENANCE & REPAIRS	288,988	603,418	892,406	-9,115	883,291	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,321	85,802	94,123	0	94,123	8.00
9.00	00900	HOUSEKEEPING	330,052	50,256	380,308	0	380,308	9.00
10.00	01000	DIETARY	327,431	162,099	489,530	0	489,530	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	448,354	23,981	472,335	0	472,335	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	31,689	3,711	35,400	0	35,400	14.00
15.00	01500	PHARMACY	325,210	2,303,761	2,628,971	0	2,628,971	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	319,428	25,013	344,441	0	344,441	16.00
17.00	01700	SOCIAL SERVICE	41,576	5,068	46,644	0	46,644	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	293,395	293,395	0	293,395	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,661,907	153,384	1,815,291	105,590	1,920,881	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	166,993	225,723	392,716	-64,483	328,233	50.00
53.00	05300	ANESTHESIOLOGY	0	9,776	9,776	0	9,776	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	505,237	124,355	629,592	3,199	632,791	54.00
54.01	05401	ONCOLOGY	235,196	279,100	514,296	-1,022	513,274	54.01
56.00	05600	RADIOISOTOPE	74,946	81,833	156,779	0	156,779	56.00
57.00	05700	CT SCAN	56,669	99,915	156,584	0	156,584	57.00
58.00	05800	MRI	0	164,111	164,111	0	164,111	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	565,784	591,410	1,157,194	6,708	1,163,902	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	242,567	50,369	292,936	-3,127	289,809	65.00
66.00	06600	PHYSICAL THERAPY	372,890	25,305	398,195	-61	398,134	66.00
67.00	06700	OCCUPATIONAL THERAPY	137,292	2,902	140,194	0	140,194	67.00
68.00	06800	SPEECH PATHOLOGY	86,828	4,520	91,348	0	91,348	68.00
69.00	06900	ELECTROCARDIOLOGY	3,202	22,006	25,208	0	25,208	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	728	1,536	2,264	0	2,264	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	70,318	70,318	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	29,038	29,038	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	183,314	100,909	284,223	0	284,223	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	0	0	0	76.01
76.02	03030	SLEEP STUDY	0	56,850	56,850	0	56,850	76.02
76.97	07697	CARDIAC REHABILITATION	37,997	7,979	45,976	0	45,976	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	2,094,255	237,860	2,332,115	-123,108	2,209,007	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	9,299	148,061	157,360	0	157,360	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	14,943	809	15,752	0	15,752	90.01
90.02	04050	TELEMEDICINE	780	1,200	1,980	0	1,980	90.02
91.00	09100	EMERGENCY	539,197	1,688,559	2,227,756	-16,833	2,210,923	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		793,434	793,434	-793,434	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,669,909	15,419,883	26,089,792	-2,332	26,087,460	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	581	581	0	581	192.00
192.01	19201	FITNESS CENTER	63,811	7,001	70,812	-6,783	64,029	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019

Worksheet A

Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.04	19204	VACANT SPACE	0	5,216	5,216	9,115	14,331	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00		TOTAL (SUM OF LINES 118 through 199)	10,733,720	15,432,681	26,166,401	0	26,166,401	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019

Worksheet A

Date/Time Prepared:
9/25/2019 4:08 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	-206,751	2,338,761	1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG	0	0	1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG	0	2,059	1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG	0	20,102	1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG	0	813	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-111,681	553,880	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG	0	0	2.01
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-6	3,367,961	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-126,336	2,615,957	5.00
6.00	00600	MAINTENANCE & REPAIRS	-34	883,257	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	94,123	8.00
9.00	00900	HOUSEKEEPING	0	380,308	9.00
10.00	01000	DIETARY	-71,093	418,437	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	472,335	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-223	35,177	14.00
15.00	01500	PHARMACY	-8,025	2,620,946	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-3,702	340,739	16.00
17.00	01700	SOCIAL SERVICE	0	46,644	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	293,395	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-142,310	1,778,571	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,331	324,902	50.00
53.00	05300	ANESTHESIOLOGY	0	9,776	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-4,130	628,661	54.00
54.01	05401	ONCOLOGY	-264,000	249,274	54.01
56.00	05600	RADIOISOTOPE	0	156,779	56.00
57.00	05700	CT SCAN	0	156,584	57.00
58.00	05800	MRI	0	164,111	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-13,544	1,150,358	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-4,263	285,546	65.00
66.00	06600	PHYSICAL THERAPY	-3,574	394,560	66.00
67.00	06700	OCCUPATIONAL THERAPY	-4,664	135,530	67.00
68.00	06800	SPEECH PATHOLOGY	-22,642	68,706	68.00
69.00	06900	ELECTROCARDIOLOGY	-12,893	12,315	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,264	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	70,318	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	29,038	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	284,223	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	76.01
76.02	03030	SLEEP STUDY	-2,850	54,000	76.02
76.97	07697	CARDIAC REHABILITATION	0	45,976	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	-946	2,208,061	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	157,360	90.00
90.01	09002	COUMADIN, CHF/COPD CLINC	0	15,752	90.01
90.02	04050	TELEMEDICINE	0	1,980	90.02
91.00	09100	EMERGENCY	-760,643	1,450,280	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-1,767,641	24,319,819	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	581	192.00
192.01	19201	FITNESS CENTER	0	64,029	192.01
192.02	19202	RETAIL PHARMACY	0	0	192.02
192.03	19203	LEASED SPACE	0	0	192.03
192.04	19204	VACANT SPACE	0	14,331	192.04
192.05	19205	MEALS ON WHEELS	0	0	192.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019

Worksheet A

Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.06	19206	15 N MAIN BUILDING	0	0	192.06
200.00		TOTAL (SUM OF LINES 118 through 199)	-1,767,641	24,398,760	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet Non-CMS W
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
1.01	NEW CAP REL COSTS-NEW BLDG	00101		1.01
1.02	NEW CAP REL COSTS-PT BLDG	00102		1.02
1.03	NEW CAP REL COSTS-RHC BLDG	00103		1.03
1.04	CAP REL COSTS-15 N MAIN BLDG	00104		1.04
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
2.01	CAP REL COSTS-MVBLE EQUIP NEW BLDG	00201		2.01
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
41.00	SUBPROVIDER - IRF	04100		41.00
42.00	SUBPROVIDER	04200		42.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	ONCOLOGY	05401		54.01
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	BLOOD LABORATORY	06001		60.01
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
76.00	SENIOR LIFE SOLUTIONS	03950		76.00
76.01	OP IV THERAPY/NURSING	03020	ACUPUNCTURE	76.01
76.02	SLEEP STUDY	03030	ANGIOCARDIOGRAPHY	76.02
76.97	CARDIAC REHABILITATION	07697		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	08800		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00	CLINIC	09000		90.00
90.01	COUMADIN, CHF/COPD CLINC	09002		90.01
90.02	TELEMEDICINE	04050	TELEMEDICINE	90.02
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	09910		99.10
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	FITNESS CENTER	19201		192.01
192.02	RETAIL PHARMACY	19202		192.02
192.03	LEASED SPACE	19203		192.03

COST CENTERS USED IN COST REPORT

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet Non-CMS W
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
192.04	VACANT SPACE	19204		192.04
192.05	MEALS ON WHEELS	19205		192.05
192.06	15 N MAIN BUILDING	19206		192.06
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019

Worksheet A-6

Date/Time Prepared:
9/25/2019 4:08 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - INTEREST				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	787,215	1.00
2.00	LABORATORY	60.00	0	1,151	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,068	3.00
	TOTALS		0	793,434	
	C - RHC PHYSICIAN				
1.00	ADULTS & PEDIATRICS	30.00	114,136	3,415	1.00
	TOTALS		114,136	3,415	
	D - DEPRECIATION				
1.00	NEW CAP REL COSTS-PT BLDG	1.02	0	52	1.00
2.00	NEW CAP REL COSTS-RHC BLDG	1.03	0	20,102	2.00
	TOTALS		0	20,154	
	E - RHC LAB				
1.00	LABORATORY	60.00	2,081	3,476	1.00
	TOTALS		2,081	3,476	
	F - PROPERTY INSURANCE				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	35,177	1.00
2.00	NEW CAP REL COSTS-PT BLDG	1.02	0	2,007	2.00
3.00	CAP REL COSTS-15 N MAIN BLDG	1.04	0	813	3.00
	TOTALS		0	37,997	
	G - IMPLANTABLE DEVICES				
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	29,038	1.00
	TOTALS		0	29,038	
	H - MEDICAL SUPPLIES RECLASS				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	70,318	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
	TOTALS		0	70,318	
	I - FITNESS CENTER RECLASS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,783	1.00
	TOTALS		0	6,783	
	J - VACANT SPACE RECLASS				
1.00	VACANT SPACE	192.04	0	9,115	1.00
	TOTALS		0	9,115	
500.00	Grand Total: Increases		116,217	973,730	500.00

RECLASSIFICATIONS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet A-6
Date/Time Prepared:
9/25/2019 4:08 pm

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
	A - INTEREST					
1.00	INTEREST EXPENSE	113.00	0	793,434	11	1.00
2.00		0.00	0	0	11	2.00
3.00		0.00	0	0	11	3.00
	TOTALS		0	793,434		
	C - RHC PHYSICIAN					
1.00	RURAL HEALTH CLINIC	88.00	114,136	3,415	0	1.00
	TOTALS		114,136	3,415		
	D - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	20,154	9	1.00
2.00		0.00	0	0	9	2.00
	TOTALS		0	20,154		
	E - RHC LAB					
1.00	RURAL HEALTH CLINIC	88.00	2,081	3,476	0	1.00
	TOTALS		2,081	3,476		
	F - PROPERTY INSURANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	37,997	12	1.00
2.00		0.00	0	0	12	2.00
3.00		0.00	0	0	12	3.00
	TOTALS		0	37,997		
	G - IMPLANTABLE DEVICES					
1.00	OPERATING ROOM	50.00	0	29,038	0	1.00
	TOTALS		0	29,038		
	H - MEDICAL SUPPLIES RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	0	11,961	0	1.00
2.00	OPERATING ROOM	50.00	0	35,445	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,869	0	3.00
4.00	ONCOLOGY	54.01	0	1,022	0	4.00
5.00	RESPIRATORY THERAPY	65.00	0	3,127	0	5.00
6.00	PHYSICAL THERAPY	66.00	0	61	0	6.00
7.00	EMERGENCY	91.00	0	16,833	0	7.00
	TOTALS		0	70,318		
	I - FITNESS CENTER RECLASS					
1.00	FITNESS CENTER	192.01	0	6,783	0	1.00
	TOTALS		0	6,783		
	J - VACANT SPACE RECLASS					
1.00	MAINTENANCE & REPAIRS	6.00	0	9,115	0	1.00
	TOTALS		0	9,115		
500.00	Grand Total: Decreases		116,217	973,730		500.00

RECLASSIFICATIONS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
9/25/2019 4:08 pm

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
A - INTEREST									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	787,215	INTEREST EXPENSE	113.00	0	793,434	1.00
2.00	LABORATORY	60.00	0	1,151		0.00	0	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,068		0.00	0	0	3.00
	TOTALS		0	793,434	TOTALS		0	793,434	
C - RHC PHYSICIAN									
1.00	ADULTS & PEDIATRICS	30.00	114,136	3,415	RURAL HEALTH CLINIC	88.00	114,136	3,415	1.00
	TOTALS		114,136	3,415	TOTALS		114,136	3,415	
D - DEPRECIATION									
1.00	NEW CAP REL COSTS-PT BLDG	1.02	0	52	CAP REL COSTS-BLDG & FIXT	1.00	0	20,154	1.00
2.00	NEW CAP REL COSTS-RHC BLDG	1.03	0	20,102		0.00	0	0	2.00
	TOTALS		0	20,154	TOTALS		0	20,154	
E - RHC LAB									
1.00	LABORATORY	60.00	2,081	3,476	RURAL HEALTH CLINIC	88.00	2,081	3,476	1.00
	TOTALS		2,081	3,476	TOTALS		2,081	3,476	
F - PROPERTY INSURANCE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	35,177	ADMINISTRATIVE & GENERAL	5.00	0	37,997	1.00
2.00	NEW CAP REL COSTS-PT BLDG	1.02	0	2,007		0.00	0	0	2.00
3.00	CAP REL COSTS-15 N MAIN BLDG	1.04	0	813		0.00	0	0	3.00
	TOTALS		0	37,997	TOTALS		0	37,997	
G - IMPLANTABLE DEVICES									
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	29,038	OPERATING ROOM	50.00	0	29,038	1.00
	TOTALS		0	29,038	TOTALS		0	29,038	
H - MEDICAL SUPPLIES RECLASS									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	70,318	ADULTS & PEDIATRICS	30.00	0	11,961	1.00
2.00		0.00	0	0	OPERATING ROOM	50.00	0	35,445	2.00
3.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	1,869	3.00
4.00		0.00	0	0	ONCOLOGY	54.01	0	1,022	4.00
5.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	3,127	5.00
6.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	61	6.00
7.00		0.00	0	0	EMERGENCY	91.00	0	16,833	7.00
	TOTALS		0	70,318	TOTALS		0	70,318	
I - FITNESS CENTER RECLASS									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,783	FITNESS CENTER	192.01	0	6,783	1.00
	TOTALS		0	6,783	TOTALS		0	6,783	
J - VACANT SPACE RECLASS									
1.00	VACANT SPACE	192.04	0	9,115	MAINTENANCE & REPAIRS	6.00	0	9,115	1.00
	TOTALS		0	9,115	TOTALS		0	9,115	
500.00	Grand Total: Increases		116,217	973,730	Grand Total: Decreases		116,217	973,730	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet A-7
Part I
Date/Time Prepared:
9/25/2019 4:08 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	658,227	0	0	0	136,114	1.00	
2.00	Land Improvements	2,889,184	36,685	0	36,685	0	2.00	
3.00	Buildings and Fixtures	29,612,804	371,837	0	371,837	84,591	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	5,758,907	847,172	0	847,172	786,568	6.00	
7.00	HIT designated Assets	1,682,322	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	40,601,444	1,255,694	0	1,255,694	1,007,273	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	40,601,444	1,255,694	0	1,255,694	1,007,273	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	522,113	0				1.00	
2.00	Land Improvements	2,925,869	0				2.00	
3.00	Buildings and Fixtures	29,900,050	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	5,819,511	0				6.00	
7.00	HIT designated Assets	1,682,322	0				7.00	
8.00	Subtotal (sum of lines 1-7)	40,849,865	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	40,849,865	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet A-7
Part II
Date/Time Prepared:
9/25/2019 4:08 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	1,743,274	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-NEW BLDG	0	0	0	0	0	1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	0	0	0	0	1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	0	0	0	0	1.03
1.04	CAP REL COSTS-15 N MAIN BLDG	0	0	0	0	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	665,561	0	0	0	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP NEW BLDG	0	0	0	0	0	2.01
3.00	Total (sum of lines 1-2)	2,408,835	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	1,743,274				1.00
1.01	NEW CAP REL COSTS-NEW BLDG	0	0				1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	0				1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	0				1.03
1.04	CAP REL COSTS-15 N MAIN BLDG	0	0				1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	665,561				2.00
2.01	CAP REL COSTS-MVBLE EQUIP NEW BLDG	0	0				2.01
3.00	Total (sum of lines 1-2)	0	2,408,835				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet A-7
Part III
Date/Time Prepared:
9/25/2019 4:08 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	29,900,050	0	29,900,050	0.799426	0	1.00
1.01	NEW CAP REL COSTS-NEW BLDG	0	0	0	0.000000	0	1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	0	0	0.000000	0	1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	0	0	0.000000	0	1.03
1.04	CAP REL COSTS-15 N MAIN BLDG	0	0	0	0.000000	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	7,501,833	0	7,501,833	0.200574	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP NEW BLDG	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	37,401,883	0	37,401,883	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,723,120	0	1.00
1.01	NEW CAP REL COSTS-NEW BLDG	0	0	0	0	0	1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	0	0	52	0	1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	0	0	20,102	0	1.03
1.04	CAP REL COSTS-15 N MAIN BLDG	0	0	0	0	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	553,880	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP NEW BLDG	0	0	0	0	0	2.01
3.00	Total (sum of lines 1-2)	0	0	0	2,297,154	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	580,464	35,177	0	0	2,338,761	1.00
1.01	NEW CAP REL COSTS-NEW BLDG	0	0	0	0	0	1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	2,007	0	0	2,059	1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	0	0	0	20,102	1.03
1.04	CAP REL COSTS-15 N MAIN BLDG	0	813	0	0	813	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	553,880	2.00
2.01	CAP REL COSTS-MVBLE EQUIP NEW BLDG	0	0	0	0	0	2.01
3.00	Total (sum of lines 1-2)	580,464	37,997	0	0	2,915,615	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019

Worksheet A-8

Date/Time Prepared:
9/25/2019 4:08 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		B	-206,751	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)						
1.01	Investment income - NEW CAP REL COSTS-NEW BLDG (chapter 2)			0NEW CAP REL COSTS-NEW BLDG	1.01	0	1.01
1.02	Investment income - NEW CAP REL COSTS-PT BLDG (chapter 2)			0NEW CAP REL COSTS-PT BLDG	1.02	0	1.02
1.03	Investment income - NEW CAP REL COSTS-RHC BLDG (chapter 2)			0NEW CAP REL COSTS-RHC BLDG	1.03	0	1.03
1.04	Investment income - CAP REL COSTS-15 N MAIN BLDG (chapter 2)			0CAP REL COSTS-15 N MAIN BLDG	1.04	0	1.04
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.01	Investment income - CAP REL COSTS-MVBLE EQUIP NEW BLDG (chapter 2)			0CAP REL COSTS-MVBLE EQUIP NEW BLDG	2.01	0	2.01
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-2,578	PHARMACY	15.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-6,290	ADMINISTRATIVE & GENERAL	5.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,189,722			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	B	-68,542	DIETARY	10.00	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		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-3,702	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	B	-221	ADMINISTRATIVE & GENERAL	5.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL 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			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAP REL COSTS-NEW BLDG			0NEW CAP REL COSTS-NEW BLDG	1.01	0	26.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019

Worksheet A-8

Date/Time Prepared:
9/25/2019 4:08 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	
26.02	Depreciation - NEW CAP REL COSTS-PT BLDG			0 NEW CAP REL COSTS-PT BLDG	1.02	0	26.02
26.03	Depreciation - NEW CAP REL COSTS-RHC BLDG			0 NEW CAP REL COSTS-RHC BLDG	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-15 N MAIN BLDG			0 CAP REL COSTS-15 N MAIN BLDG	1.04	0	26.04
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0 CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
27.01	Depreciation - CAP REL COSTS-MVBLE EQUIP NEW BLDG			0 CAP REL COSTS-MVBLE EQUIP NEW BLDG	2.01	0	27.01
28.00	Non-physician Anesthetist			0 NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0 ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	A	-111,681	CAP REL COSTS-MVBLE EQUIP	2.00	9	32.00
33.00	NONPATIENT CARE RELATED PROPERTY INS	A	-3,359	ADMINISTRATIVE & GENERAL	5.00	0	33.00
34.00	MISCELLANEOUS INCOME	B	-649	ADMINISTRATIVE & GENERAL	5.00	0	34.00
34.01	OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00	0	34.01
34.02	REBATE - CENTRAL SUPPLY	B	-223	CENTRAL SERVICES & SUPPLY	14.00	0	34.02
34.03	REBATE - DIETARY	B	-1,078	DIETARY	10.00	0	34.03
34.04	REBATE - COMMUNICATIONS	B	-58	ADMINISTRATIVE & GENERAL	5.00	0	34.04
35.00	OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00	0	35.00
36.00	MOBILE PET SCAN RENTAL	B	-4,125	RADIOLOGY-DIAGNOSTIC	54.00	0	36.00
37.00	NON-ALLOWABLE LOBBYING	A	-9,242	ADMINISTRATIVE & GENERAL	5.00	0	37.00
37.01	NON-ALLOWABLE LOBBYING	A	-2	DIETARY	10.00	0	37.01
37.02	NON-ALLOWABLE LOBBYING	A	-34	MAINTENANCE & REPAIRS	6.00	0	37.02
37.03	NON-ALLOWABLE LOBBYING	A	-10	OPERATING ROOM	50.00	0	37.03
37.04	NON-ALLOWABLE LOBBYING	A	-5	RADIOLOGY-DIAGNOSTIC	54.00	0	37.04
37.05	NON-ALLOWABLE LOBBYING	A	-946	RURAL HEALTH CLINIC	88.00	0	37.05
37.06	NON-ALLOWABLE LOBBYING	A	-6	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.06
37.07	NON-ALLOWABLE LOBBYING	A	-18	RESPIRATORY THERAPY	65.00	0	37.07
38.00	NON-ALLOWABLE LOBBYING	A	-61	PHYSICAL THERAPY	66.00	0	38.00
39.00	NON-ALLOWABLE ADVERTISING	A	-88,029	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00	GIFTS & DONATIONS	A	-893	ADMINISTRATIVE & GENERAL	5.00	0	40.00
41.00	UNALLOWABLE TRANSPORT ASSET	A	-615	EMERGENCY	91.00	0	41.00
42.00	COMMUNITY EDUCATION	A	-16,942	ADMINISTRATIVE & GENERAL	5.00	0	42.00
43.00	OUTSIDE SERVICES - PHYSICAL THERAPY	B	-3,513	PHYSICAL THERAPY	66.00	0	43.00
43.01	OUTSIDE SERVICES - OCCUP THERAPY	B	-4,664	OCCUPATIONAL THERAPY	67.00	0	43.01
43.02	OUTSIDE SERVICES - SPEECH PATHOLOGY	B	-22,642	SPEECH PATHOLOGY	68.00	0	43.02
43.04	OUTSIDE SERVICES - LAB	B	-13,544	LABORATORY	60.00	0	43.04
44.00	LIABILITY CLAIMS	A	-653	ADMINISTRATIVE & GENERAL	5.00	0	44.00
45.00	SPECIALTY CLINIC SUPPORT	A	75	RESPIRATORY THERAPY	65.00	0	45.00
46.00	DIETICIAN'S CONSULTS	B	-1,471	DIETARY	10.00	0	46.00
47.00	NON-HOSP RX	B	-5,447	PHARMACY	15.00	0	47.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-1,767,641				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: 14-1307

Period:
From 05/01/2018
To 04/30/2019

Worksheet A-8-2

Date/Time Prepared:
9/25/2019 4:08 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	30.00	DR. F	57,585	57,585	0	0	0	1.00
2.00	30.00	DR. R	36,020	36,020	0	0	0	2.00
3.00	30.00	DR. F	23,947	23,947	0	0	0	3.00
4.00	91.00	AGGREGATE-EMERGENCY	1,583,391	760,028	823,363	0	0	4.00
5.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	24,758	24,758	0	0	0	5.00
6.00	54.01	AGGREGATE-ONCOLOGY	264,000	264,000	0	0	0	6.00
7.00	60.00	AGGREGATE-LABORATORY	19,805	0	19,805	0	0	7.00
8.00	65.00	AGGREGATE-RESPIRATORY THERAPY	4,320	4,320	0	0	0	8.00
9.00	76.02	AGGREGATE-SLEEP STUDY	2,850	2,850	0	0	0	9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	12,893	12,893	0	0	0	10.00
11.00	76.00	AGGREGATE-SENIOR LIFE SOLUTIONS	30,000	0	30,000	0	0	11.00
12.00	50.00	AGGREGATE-OPERATING ROOM	3,321	3,321	0	0	0	12.00
200.00			2,062,890	1,189,722	873,168	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	DR. F	0	0	0	0	0	1.00
2.00	30.00	DR. R	0	0	0	0	0	2.00
3.00	30.00	DR. F	0	0	0	0	0	3.00
4.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	4.00
5.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	5.00
6.00	54.01	AGGREGATE-ONCOLOGY	0	0	0	0	0	6.00
7.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	7.00
8.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	0	0	8.00
9.00	76.02	AGGREGATE-SLEEP STUDY	0	0	0	0	0	9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	10.00
11.00	76.00	AGGREGATE-SENIOR LIFE SOLUTIONS	0	0	0	0	0	11.00
12.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	12.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	DR. F	0	0	0	57,585		1.00
2.00	30.00	DR. R	0	0	0	36,020		2.00
3.00	30.00	DR. F	0	0	0	23,947		3.00
4.00	91.00	AGGREGATE-EMERGENCY	0	0	0	760,028		4.00
5.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	24,758		5.00
6.00	54.01	AGGREGATE-ONCOLOGY	0	0	0	264,000		6.00
7.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		7.00
8.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	4,320		8.00
9.00	76.02	AGGREGATE-SLEEP STUDY	0	0	0	2,850		9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	12,893		10.00
11.00	76.00	AGGREGATE-SENIOR LIFE SOLUTIONS	0	0	0	0		11.00
12.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	3,321		12.00
200.00			0	0	0	1,189,722		200.00

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS		Provider CCN: 14-1307		Period: From 05/01/2018 To 04/30/2019		Worksheet A-8-3 Parts I-VI Date/Time Prepared: 9/25/2019 4:08 pm	
				Physical Therapy		Cost	
						1.00	
PART I - GENERAL INFORMATION							
1.00	Total number of weeks worked (excluding aides) (see instructions)					32	1.00
2.00	Line 1 multiplied by 15 hours per week					480	2.00
3.00	Number of unduplicated days in which supervisor or therapist was on provider site (see instructions)					38	3.00
4.00	Number of unduplicated days in which therapy assistant was on provider site but neither supervisor nor therapist was on provider site (see instructions)					0	4.00
5.00	Number of unduplicated offsite visits - supervisors or therapists (see instructions)					0	5.00
6.00	Number of unduplicated offsite visits - therapy assistants (include only visits made by therapy assistant and on which supervisor and/or therapist was not present during the visit(s)) (see instructions)					0	6.00
7.00	Standard travel expense rate					5.57	7.00
8.00	Optional travel expense rate per mile					0.00	8.00
		Supervisors	Therapists	Assistants	Aides	Trainees	
		1.00	2.00	3.00	4.00	5.00	
9.00	Total hours worked	0.00	277.00	0.00	0.00	0.00	9.00
10.00	AHSEA (see instructions)	0.00	83.88	0.00	0.00	0.00	10.00
11.00	Standard travel allowance (columns 1 and 2, one-half of column 2, line 10; column 3, one-half of column 3, line 10)	41.94	41.94	0.00			11.00
12.00	Number of travel hours (provider site)	0	0	0			12.00
12.01	Number of travel hours (offsite)	0	0	0			12.01
13.00	Number of miles driven (provider site)	0	0	0			13.00
13.01	Number of miles driven (offsite)	0	0	0			13.01
							1.00
Part II - SALARY EQUIVALENCY COMPUTATION							
14.00	Supervisors (column 1, line 9 times column 1, line 10)					0	14.00
15.00	Therapists (column 2, line 9 times column 2, line 10)					23,235	15.00
16.00	Assistants (column 3, line 9 times column 3, line 10)					0	16.00
17.00	Subtotal allowance amount (sum of lines 14 and 15 for respiratory therapy or lines 14-16 for all others)					23,235	17.00
18.00	Aides (column 4, line 9 times column 4, line 10)					0	18.00
19.00	Trainees (column 5, line 9 times column 5, line 10)					0	19.00
20.00	Total allowance amount (sum of lines 17-19 for respiratory therapy or lines 17 and 18 for all others)					23,235	20.00
If the sum of columns 1 and 2 for respiratory therapy or columns 1-3 for physical therapy, speech pathology or occupational therapy, line 9, is greater than line 2, make no entries on lines 21 and 22 and enter on line 23 the amount from line 20. Otherwise complete lines 21-23.							
21.00	Weighted average rate excluding aides and trainees (line 17 divided by sum of columns 1 and 2, line 9 for respiratory therapy or columns 1 thru 3, line 9 for all others)					83.88	21.00
22.00	Weighted allowance excluding aides and trainees (line 2 times line 21)					40,262	22.00
23.00	Total salary equivalency (see instructions)					40,262	23.00
PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE							
Standard Travel Allowance							
24.00	Therapists (line 3 times column 2, line 11)					1,594	24.00
25.00	Assistants (line 4 times column 3, line 11)					0	25.00
26.00	Subtotal (line 24 for respiratory therapy or sum of lines 24 and 25 for all others)					1,594	26.00
27.00	Standard travel expense (line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others)					212	27.00
28.00	Total standard travel allowance and standard travel expense at the provider site (sum of lines 26 and 27)					1,806	28.00
Optional Travel Allowance and Optional Travel Expense							
29.00	Therapists (column 2, line 10 times the sum of columns 1 and 2, line 12)					0	29.00
30.00	Assistants (column 3, line 10 times column 3, line 12)					0	30.00
31.00	Subtotal (line 29 for respiratory therapy or sum of lines 29 and 30 for all others)					0	31.00
32.00	Optional travel expense (line 8 times columns 1 and 2, line 13 for respiratory therapy or sum of columns 1-3, line 13 for all others)					0	32.00
33.00	Standard travel allowance and standard travel expense (line 28)					1,806	33.00
34.00	Optional travel allowance and standard travel expense (sum of lines 27 and 31)					212	34.00
35.00	Optional travel allowance and optional travel expense (sum of lines 31 and 32)					0	35.00
Part IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE							
Standard Travel Expense							
36.00	Therapists (line 5 times column 2, line 11)					0	36.00
37.00	Assistants (line 6 times column 3, line 11)					0	37.00
38.00	Subtotal (sum of lines 36 and 37)					0	38.00
39.00	Standard travel expense (line 7 times the sum of lines 5 and 6)					0	39.00
Optional Travel Allowance and Optional Travel Expense							
40.00	Therapists (sum of columns 1 and 2, line 12.01 times column 2, line 10)					0	40.00
41.00	Assistants (column 3, line 12.01 times column 3, line 10)					0	41.00
42.00	Subtotal (sum of lines 40 and 41)					0	42.00
43.00	Optional travel expense (line 8 times the sum of columns 1-3, line 13.01)					0	43.00
Total Travel Allowance and Travel Expense - Offsite Services; Complete one of the following three lines 44, 45, or 46, as appropriate.							
44.00	Standard travel allowance and standard travel expense (sum of lines 38 and 39 - see instructions)					0	44.00
45.00	Optional travel allowance and standard travel expense (sum of lines 39 and 42 - see instructions)					0	45.00

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY
OUTSIDE SUPPLIERS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet A-8-3
Parts I-VI
Date/Time Prepared:
9/25/2019 4:08 pm

				Physical Therapy	Cost		
					1.00		
46.00	Optional travel allowance and optional travel expense (sum of lines 42 and 43 - see instructions)				0	46.00	
		Therapists	Assistants	Aides	Trainees	Total	
		1.00	2.00	3.00	4.00	5.00	
PART V - OVERTIME COMPUTATION							
47.00	Overtime hours worked during reporting period (if column 5, line 47, is zero or equal to or greater than 2,080, do not complete lines 48-55 and enter zero in each column of line 56)	0.00	0.00	0.00	0.00	0.00	47.00
48.00	Overtime rate (see instructions)	0.00	0.00	0.00	0.00		48.00
49.00	Total overtime (including base and overtime allowance) (multiply line 47 times line 48)	0.00	0.00	0.00	0.00		49.00
CALCULATION OF LIMIT							
50.00	Percentage of overtime hours by category (divide the hours in each column on line 47 by the total overtime worked - column 5, line 47)	0.00	0.00	0.00	0.00	0.00	50.00
51.00	Allocation of provider's standard work year for one full-time employee times the percentages on line 50) (see instructions)	0.00	0.00	0.00	0.00	0.00	51.00
DETERMINATION OF OVERTIME ALLOWANCE							
52.00	Adjusted hourly salary equivalency amount (see instructions)	83.88	0.00	0.00	0.00		52.00
53.00	Overtime cost limitation (line 51 times line 52)	0	0	0	0		53.00
54.00	Maximum overtime cost (enter the lesser of line 49 or line 53)	0	0	0	0		54.00
55.00	Portion of overtime already included in hourly computation at the AHSEA (multiply line 47 times line 52)	0	0	0	0		55.00
56.00	Overtime allowance (line 54 minus line 55 - if negative enter zero) (Enter in column 5 the sum of columns 1, 3, and 4 for respiratory therapy and columns 1 through 3 for all others.)	0	0	0	0	0	56.00
						1.00	
Part VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT							
57.00	Salary equivalency amount (from line 23)					40,262	57.00
58.00	Travel allowance and expense - provider site (from lines 33, 34, or 35))					1,806	58.00
59.00	Travel allowance and expense - Offsite services (from lines 44, 45, or 46)					0	59.00
60.00	Overtime allowance (from column 5, line 56)					0	60.00
61.00	Equipment cost (see instructions)					0	61.00
62.00	Supplies (see instructions)					0	62.00
63.00	Total allowance (sum of lines 57-62)					42,068	63.00
64.00	Total cost of outside supplier services (from your records)					16,620	64.00
65.00	Excess over limitation (line 64 minus line 63 - if negative, enter zero)					0	65.00
LINE 33 CALCULATION							
100.00	Line 26 = line 24 for respiratory therapy or sum of lines 24 and 25 for all others					1,594	100.00
100.01	Line 27 = line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others					212	100.01
100.02	Line 33 = line 28 = sum of lines 26 and 27					1,806	100.02
LINE 34 CALCULATION							
101.00	Line 27 = line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others					212	101.00
101.01	Line 31 = line 29 for respiratory therapy or sum of lines 29 and 30 for all others					0	101.01
101.02	Line 34 = sum of lines 27 and 31					212	101.02
LINE 35 CALCULATION							
102.00	Line 31 = line 29 for respiratory therapy or sum of lines 29 and 30 for all others					0	102.00
102.01	Line 32 = line 8 times columns 1 and 2, line 13 for respiratory therapy or sum of columns 1-3, line 13 for all others					0	102.01
102.02	Line 35 = sum of lines 31 and 32					0	102.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part I
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	NEW NEW BLDG	NEW PT BLDG	NEW RHC BLDG	
		0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,338,761	2,338,761			1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG	0	0	0		1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG	2,059	0	0	2,059	1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG	20,102	0	0	0	1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG	813	0	0	0	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	553,880				2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG	0				2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,367,961	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,615,957	531,994	0	32	5.00
6.00	00600	MAINTENANCE & REPAIRS	883,257	165,891	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	94,123	10,837	0	0	8.00
9.00	00900	HOUSEKEEPING	380,308	21,675	0	0	9.00
10.00	01000	DIETARY	418,437	101,962	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	472,335	10,634	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	35,177	34,852	0	0	14.00
15.00	01500	PHARMACY	2,620,946	34,343	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	340,739	34,572	0	0	16.00
17.00	01700	SOCIAL SERVICE	46,644	2,417	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	293,395	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,778,571	240,658	0	0	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	324,902	235,952	0	0	50.00
53.00	05300	ANESTHESIOLOGY	9,776	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	628,661	141,062	0	0	54.00
54.01	05401	ONCOLOGY	249,274	70,213	0	0	54.01
56.00	05600	RADIOISOTOPE	156,779	7,530	0	0	56.00
57.00	05700	CT SCAN	156,584	23,175	0	0	57.00
58.00	05800	MRI	164,111	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	1,150,358	68,890	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	285,546	77,769	0	0	65.00
66.00	06600	PHYSICAL THERAPY	394,560	0	0	1,427	66.00
67.00	06700	OCCUPATIONAL THERAPY	135,530	0	0	201	67.00
68.00	06800	SPEECH PATHOLOGY	68,706	0	0	30	68.00
69.00	06900	ELECTROCARDIOLOGY	12,315	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,264	0	0	2	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	70,318	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,038	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	284,223	71,231	0	0	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	0	0	76.01
76.02	03030	SLEEP STUDY	54,000	11,829	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	45,976	5,648	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	2,208,061	254,854	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	157,360	3,307	0	0	90.00
90.01	09002	COUMADIN, CHF/COPD CLINC	15,752	0	0	0	90.01
90.02	04050	TELEMEDICINE	1,980	0	0	0	90.02
91.00	09100	EMERGENCY	1,450,280	149,661	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	24,319,819	2,310,956	0	1,690	3,322
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,659	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	581	17,146	0	0	192.00
192.01	19201	FITNESS CENTER	64,029	0	0	11	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part I
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	NEW NEW BLDG	NEW PT BLDG	NEW RHC BLDG	
			0	1.00	1.01	1.02	1.03	
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03
192.04	19204	VACANT SPACE	14,331	0	0	358	16,780	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
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)	24,398,760	2,338,761	0	2,059	20,102	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part I
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			15 N MAIN BLDG	MVBLE EQUIP	MVBLE EQUIP NEW BLDG			
			1.04	2.00	2.01		4.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG	813					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP		553,880				2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG		0	0			2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	3,367,961		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	133,702	0	466,036	3,751,043	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	35,892	0	91,500	1,176,540	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,345	0	2,635	109,940	8.00
9.00	00900	HOUSEKEEPING	0	4,689	0	104,501	511,173	9.00
10.00	01000	DIETARY	0	22,060	0	103,672	646,131	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,301	0	141,958	627,228	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,541	0	10,033	87,603	14.00
15.00	01500	PHARMACY	0	7,430	0	102,968	2,765,687	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,480	0	101,138	483,929	16.00
17.00	01700	SOCIAL SERVICE	0	523	0	13,164	62,748	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	293,395	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	52,068	0	562,333	2,633,630	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	51,050	0	52,873	664,777	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	9,776	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	30,520	0	159,969	960,212	54.00
54.01	05401	ONCOLOGY	0	15,191	0	74,468	409,146	54.01
56.00	05600	RADIOISOTOPE	0	1,629	0	23,729	189,667	56.00
57.00	05700	CT SCAN	0	5,014	0	17,943	202,716	57.00
58.00	05800	MRI	0	0	0	0	164,111	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	14,905	0	179,798	1,413,951	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	16,826	0	76,802	456,943	65.00
66.00	06600	PHYSICAL THERAPY	0	29,871	0	118,065	543,923	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,205	0	43,470	183,406	67.00
68.00	06800	SPEECH PATHOLOGY	0	627	0	27,492	96,855	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,014	13,329	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	231	2,495	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	70,318	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	29,038	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	15,411	0	58,041	428,906	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	0	0	0	76.01
76.02	03030	SLEEP STUDY	0	2,559	0	0	68,388	76.02
76.97	07697	CARDIAC REHABILITATION	0	1,222	0	12,031	64,877	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	55,723	0	626,281	3,144,919	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	716	0	2,944	164,327	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0	0	0	4,731	20,483	90.01
90.02	04050	TELEMEDICINE	0	0	0	247	2,227	90.02
91.00	09100	EMERGENCY	0	32,380	0	170,721	1,803,042	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	553,880	0	3,350,788	24,256,879	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	10,659	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	17,727	192.00
192.01	19201	FITNESS CENTER	0	0	0	17,173	81,213	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part I
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			15 N MAIN BLDG	MVBLE EQUIP	MVBLE EQUIP NEW BLDG			
			1.04	2.00	2.01			
192.04	19204	VACANT SPACE	813	0	0	0	32,282	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
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)	813	553,880	0	3,367,961	24,398,760	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part I
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,751,043					5.00
6.00	00600	MAINTENANCE & REPAIRS	214,075	1,390,615				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	20,004	8,362	138,306			8.00
9.00	00900	HOUSEKEEPING	93,009	16,724	0	620,906		9.00
10.00	01000	DIETARY	117,565	78,672	0	36,308	878,676	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	114,126	8,205	0	3,787	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,940	26,891	0	12,411	0	14.00
15.00	01500	PHARMACY	503,225	26,499	0	12,230	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	88,052	26,675	0	12,311	0	16.00
17.00	01700	SOCIAL SERVICE	11,417	1,865	0	861	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	53,384	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	479,197	185,688	138,306	85,697	878,676	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	120,958	182,056	0	84,021	0	50.00
53.00	05300	ANESTHESIOLOGY	1,779	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	174,713	108,841	0	50,232	0	54.00
54.01	05401	ONCOLOGY	74,445	54,175	0	25,003	0	54.01
56.00	05600	RADIOISOTOPE	34,510	5,810	0	2,681	0	56.00
57.00	05700	CT SCAN	36,885	17,882	0	8,253	0	57.00
58.00	05800	MRI	29,860	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	257,273	53,155	0	24,531	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	83,142	60,005	0	27,693	0	65.00
66.00	06600	PHYSICAL THERAPY	98,968	106,525	0	49,163	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	33,371	14,996	0	6,921	0	67.00
68.00	06800	SPEECH PATHOLOGY	17,623	2,238	0	1,033	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,425	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	454	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,795	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,284	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	78,041	54,960	0	25,365	0	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	0	0	0	76.01
76.02	03030	SLEEP STUDY	12,443	9,127	0	4,212	0	76.02
76.97	07697	CARDIAC REHABILITATION	11,805	4,358	0	2,011	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	572,233	196,639	0	91,710	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	29,900	2,552	0	1,178	0	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	3,727	0	0	0	0	90.01
90.02	04050	TELEMEDICINE	405	0	0	0	0	90.02
91.00	09100	EMERGENCY	328,069	115,476	0	53,294	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,731,102	1,368,376	138,306	620,906	878,676	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,939	8,224	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,225	13,230	0	0	0	192.00
192.01	19201	FITNESS CENTER	14,777	785	0	0	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part I
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	6.00	8.00	9.00	10.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	3,751,043	1,390,615	138,306	620,906	878,676	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part I
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	0					11.00
13.00	01300	NURSING ADMINISTRATION	0	753,346				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	142,845			14.00
15.00	01500	PHARMACY	0	0	873	3,308,514		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	479	0	611,446	16.00
17.00	01700	SOCIAL SERVICE	0	0	6	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	460,743	9,390	0	27,249	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	51,905	6,924	0	13,028	50.00
53.00	05300	ANESTHESIOLOGY	0	0	516	0	11,948	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	8,422	0	43,343	54.00
54.01	05401	ONCOLOGY	0	73,104	0	0	6,274	54.01
56.00	05600	RADIOISOTOPE	0	0	789	0	8,055	56.00
57.00	05700	CT SCAN	0	0	2,568	0	79,285	57.00
58.00	05800	MRI	0	0	272	0	16,911	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	48,748	0	122,338	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	2,141	0	8,336	65.00
66.00	06600	PHYSICAL THERAPY	0	0	473	0	32,180	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	103	0	8,785	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,519	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	91	0	4,263	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	133	0	65	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	35,027	0	3,295	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	4,610	0	877	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,308,514	113,290	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	0	385	0	11,200	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	0	0	8,249	76.01
76.02	03030	SLEEP STUDY	0	0	0	0	8,169	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	70	0	2,539	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	9,224	0	38,466	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	14	0	4,737	90.00
90.01	09002	COUMADIN, CHF/COPD CLINC	0	0	128	0	2,242	90.01
90.02	04050	TELEMEDICINE	0	0	0	0	40	90.02
91.00	09100	EMERGENCY	0	167,594	11,223	0	34,763	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	753,346	142,609	3,308,514	611,446	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
192.01	19201	FITNESS CENTER	0	0	236	0	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part I
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
192.06	19206	15 N MAIN BUILDING	0	0	0	0	192.06
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	753,346	142,845	3,308,514	611,446 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part I
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	76,897					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	346,779				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	76,897	0	4,975,473	-44,989	4,930,484	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	1,123,669	0	1,123,669	50.00
53.00	05300	ANESTHESIOLOGY	0	346,779	370,798	0	370,798	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,345,763	0	1,345,763	54.00
54.01	05401	ONCOLOGY	0	0	642,147	0	642,147	54.01
56.00	05600	RADIOISOTOPE	0	0	241,512	0	241,512	56.00
57.00	05700	CT SCAN	0	0	347,589	0	347,589	57.00
58.00	05800	MRI	0	0	211,154	0	211,154	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	1,919,996	0	1,919,996	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	638,260	0	638,260	65.00
66.00	06600	PHYSICAL THERAPY	0	0	831,232	0	831,232	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	247,582	0	247,582	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	119,268	0	119,268	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	20,108	0	20,108	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	3,147	0	3,147	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	121,435	0	121,435	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	39,809	0	39,809	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,421,804	0	3,421,804	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	0	598,857	0	598,857	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	8,249	44,989	53,238	76.01
76.02	03030	SLEEP STUDY	0	0	102,339	0	102,339	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	85,660	0	85,660	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	4,053,191	0	4,053,191	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	202,708	0	202,708	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0	0	26,580	0	26,580	90.01
90.02	04050	TELEMEDICINE	0	0	2,672	0	2,672	90.02
91.00	09100	EMERGENCY	0	0	2,513,461	0	2,513,461	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	76,897	346,779	24,214,463	0	24,214,463	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	20,822	0	20,822	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	34,182	0	34,182	192.00
192.01	19201	FITNESS CENTER	0	0	97,011	0	97,011	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part I
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
192.04	19204	VACANT SPACE	0	0	32,282	0	32,282	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	76,897	346,779	24,398,760	0	24,398,760	202.00

COST ALLOCATION STATISTICS

Provider CCN: 14-1307

Period:

From 05/01/2018

To 04/30/2019

Worksheet Non-CMS W

Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
1.00	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
1.01	NEW CAP REL COSTS-NEW BLDG	2	SQUARE FEET	1.01
1.02	NEW CAP REL COSTS-PT BLDG	3	SQUARE FEET	1.02
1.03	NEW CAP REL COSTS-RHC BLDG	4	SQUARE FEET	1.03
1.04	CAP REL COSTS-15 N MAIN BLDG	22	SQUARE FEET	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	25	SQUARE FEET	2.00
2.01	CAP REL COSTS-MVBLE EQUIP NEW BLDG	26	SQUARE FEET	2.01
4.00	EMPLOYEE BENEFITS DEPARTMENT	6	GROSS SALA RIE	4.00
5.00	ADMINISTRATIVE & GENERAL	-5	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	11	SQUARE FEET	6.00
8.00	LAUNDRY & LINEN SERVICE	12	PATIENT DA YS	8.00
9.00	HOUSEKEEPING	25	SQUARE FEET	9.00
10.00	DIETARY	12	PATIENT DA YS	10.00
11.00	CAFETERIA	15	SALARIES	11.00
13.00	NURSING ADMINISTRATION	16	NURSING SA LARIES	13.00
14.00	CENTRAL SERVICES & SUPPLY	17	COSTED REQUIS.	14.00
15.00	PHARMACY	18	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	19	GROSS PATI ENT REVENU	16.00
17.00	SOCIAL SERVICE	12	PATIENT DA YS	17.00
19.00	NONPHYSICIAN ANESTHETISTS	21	ASSIGNED TIME	19.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part II
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	NEW NEW BLDG	NEW PT BLDG	NEW RHC BLDG	
			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	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	531,994	0	32	3,322	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	165,891	0	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	10,837	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	21,675	0	0	0	9.00
10.00	01000	DIETARY	0	101,962	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	10,634	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	34,852	0	0	0	14.00
15.00	01500	PHARMACY	0	34,343	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	34,572	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,417	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	240,658	0	0	0	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	235,952	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	141,062	0	0	0	54.00
54.01	05401	ONCOLOGY	0	70,213	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	7,530	0	0	0	56.00
57.00	05700	CT SCAN	0	23,175	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	68,890	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	77,769	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,427	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	201	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	30	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	03950	SENIOR LIFE SOLUTIONS	0	71,231	0	0	0	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	0	0	0	76.01
76.02	03030	SLEEP STUDY	0	11,829	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	5,648	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	254,854	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	3,307	0	0	0	90.00
90.01	09002	COUMADIN, CHF/COPD CLINC	0	0	0	0	0	90.01
90.02	04050	TELEMEDICINE	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	149,661	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,310,956	0	1,690	3,322	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,659	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	17,146	0	0	0	192.00
192.01	19201	FITNESS CENTER	0	0	0	11	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1307

 Period:
 From 05/01/2018
 To 04/30/2019

 Worksheet B
 Part II
 Date/Time Prepared:
 9/25/2019 4:08 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	NEW NEW BLDG	NEW PT BLDG	NEW RHC BLDG	
				1.00	1.01	1.02	1.03	
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	0	358	16,780	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
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	2,338,761	0	2,059	20,102	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part II
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			15 N MAIN BLDG	MVBLE EQUIP	MVBLE EQUIP NEW BLDG			
			1.04	2.00	2.01	2A	4.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	133,702	0	669,050	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	35,892	0	201,783	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,345	0	13,182	0	8.00
9.00	00900	HOUSEKEEPING	0	4,689	0	26,364	0	9.00
10.00	01000	DIETARY	0	22,060	0	124,022	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,301	0	12,935	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,541	0	42,393	0	14.00
15.00	01500	PHARMACY	0	7,430	0	41,773	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,480	0	42,052	0	16.00
17.00	01700	SOCIAL SERVICE	0	523	0	2,940	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	52,068	0	292,726	0	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	51,050	0	287,002	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	30,520	0	171,582	0	54.00
54.01	05401	ONCOLOGY	0	15,191	0	85,404	0	54.01
56.00	05600	RADIOISOTOPE	0	1,629	0	9,159	0	56.00
57.00	05700	CT SCAN	0	5,014	0	28,189	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	14,905	0	83,795	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	16,826	0	94,595	0	65.00
66.00	06600	PHYSICAL THERAPY	0	29,871	0	31,298	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,205	0	4,406	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	627	0	657	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	03950	SENIOR LIFE SOLUTIONS	0	15,411	0	86,642	0	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	0	0	0	76.01
76.02	03030	SLEEP STUDY	0	2,559	0	14,388	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	1,222	0	6,870	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	55,723	0	310,577	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	716	0	4,023	0	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0	0	0	0	0	90.01
90.02	04050	TELEMEDICINE	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	32,380	0	182,041	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	553,880	0	2,869,848	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	10,659	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	17,146	0	192.00
192.01	19201	FITNESS CENTER	0	0	0	11	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part II
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			15 N MAIN BLDG	MVBLE EQUIP	MVBLE EQUIP NEW BLDG			
			1.04	2.00	2.01	2A	4.00	
192.04	19204	VACANT SPACE	813	0	0	17,951	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
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)	813	553,880	0	2,915,615	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part II
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	669,050					5.00
6.00	00600	MAINTENANCE & REPAIRS	38,183	239,966				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,568	1,443	18,193			8.00
9.00	00900	HOUSEKEEPING	16,590	2,886	0	45,840		9.00
10.00	01000	DIETARY	20,970	13,576	0	2,681	161,249	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	20,356	1,416	0	280	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,843	4,640	0	916	0	14.00
15.00	01500	PHARMACY	89,758	4,573	0	903	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15,705	4,603	0	909	0	16.00
17.00	01700	SOCIAL SERVICE	2,036	322	0	64	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	9,522	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	85,472	32,042	18,193	6,327	161,249	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,575	31,416	0	6,203	0	50.00
53.00	05300	ANESTHESIOLOGY	317	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,163	18,782	0	3,708	0	54.00
54.01	05401	ONCOLOGY	13,278	9,349	0	1,846	0	54.01
56.00	05600	RADIOISOTOPE	6,155	1,003	0	198	0	56.00
57.00	05700	CT SCAN	6,579	3,086	0	609	0	57.00
58.00	05800	MRI	5,326	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	45,888	9,172	0	1,811	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	14,830	10,355	0	2,045	0	65.00
66.00	06600	PHYSICAL THERAPY	17,652	18,382	0	3,630	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,952	2,588	0	511	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,143	386	0	76	0	68.00
69.00	06900	ELECTROCARDIOLOGY	433	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	81	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,282	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	942	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	13,920	9,484	0	1,873	0	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	0	0	0	76.01
76.02	03030	SLEEP STUDY	2,219	1,575	0	311	0	76.02
76.97	07697	CARDIAC REHABILITATION	2,106	752	0	148	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	102,063	33,931	0	6,769	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	5,333	440	0	87	0	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	665	0	0	0	0	90.01
90.02	04050	TELEMEDICINE	72	0	0	0	0	90.02
91.00	09100	EMERGENCY	58,516	19,927	0	3,935	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	665,493	236,129	18,193	45,840	161,249	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	346	1,419	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	575	2,283	0	0	0	192.00
192.01	19201	FITNESS CENTER	2,636	135	0	0	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part II
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	6.00	8.00	9.00	10.00	
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	669,050	239,966	18,193	45,840	161,249	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part II
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	0					11.00
13.00	01300	NURSING ADMINISTRATION	0	34,987				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	50,792			14.00
15.00	01500	PHARMACY	0	0	311	137,318		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	170	0	63,439	16.00
17.00	01700	SOCIAL SERVICE	0	0	2	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	21,398	3,339	0	2,828	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,411	2,462	0	1,352	50.00
53.00	05300	ANESTHESIOLOGY	0	0	184	0	1,240	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,995	0	4,498	54.00
54.01	05401	ONCOLOGY	0	3,395	0	0	651	54.01
56.00	05600	RADIOISOTOPE	0	0	281	0	836	56.00
57.00	05700	CT SCAN	0	0	913	0	8,229	57.00
58.00	05800	MRI	0	0	97	0	1,755	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	17,331	0	12,677	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	761	0	865	65.00
66.00	06600	PHYSICAL THERAPY	0	0	168	0	3,340	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	37	0	912	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	158	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	32	0	442	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	47	0	7	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	12,455	0	342	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,639	0	91	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	137,318	11,758	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	0	137	0	1,162	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	0	0	856	76.01
76.02	03030	SLEEP STUDY	0	0	0	0	848	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	25	0	263	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	3,280	0	3,992	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	5	0	492	90.00
90.01	09002	COUMADIN, CHF/COPD CLINC	0	0	46	0	233	90.01
90.02	04050	TELEMEDICINE	0	0	0	0	4	90.02
91.00	09100	EMERGENCY	0	7,783	3,991	0	3,608	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	34,987	50,708	137,318	63,439	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
192.01	19201	FITNESS CENTER	0	0	84	0	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1307

 Period:
 From 05/01/2018
 To 04/30/2019

 Worksheet B
 Part II
 Date/Time Prepared:
 9/25/2019 4:08 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
192.06	19206	15 N MAIN BUILDING	0	0	0	0	192.06
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	34,987	50,792	137,318	63,439 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part II
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	5,364					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	9,522				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,364		628,938	0	628,938	30.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0		352,421	0	352,421	50.00
53.00	05300	ANESTHESIOLOGY	0		1,741	0	1,741	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		232,728	0	232,728	54.00
54.01	05401	ONCOLOGY	0		113,923	0	113,923	54.01
56.00	05600	RADIOISOTOPE	0		17,632	0	17,632	56.00
57.00	05700	CT SCAN	0		47,605	0	47,605	57.00
58.00	05800	MRI	0		7,178	0	7,178	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	0		170,674	0	170,674	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0		123,451	0	123,451	65.00
66.00	06600	PHYSICAL THERAPY	0		74,470	0	74,470	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		14,406	0	14,406	67.00
68.00	06800	SPEECH PATHOLOGY	0		4,420	0	4,420	68.00
69.00	06900	ELECTROCARDIOLOGY	0		907	0	907	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		135	0	135	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		15,079	0	15,079	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		2,672	0	2,672	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		149,076	0	149,076	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0		113,218	0	113,218	76.00
76.01	03020	OP IV THERAPY/NURSING	0		856	0	856	76.01
76.02	03030	SLEEP STUDY	0		19,341	0	19,341	76.02
76.97	07697	CARDIAC REHABILITATION	0		10,164	0	10,164	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		460,612	0	460,612	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		10,380	0	10,380	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0		944	0	944	90.01
90.02	04050	TELEMEDICINE	0		76	0	76	90.02
91.00	09100	EMERGENCY	0		279,801	0	279,801	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,364	0	2,852,848	0	2,852,848	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		12,424	0	12,424	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		20,004	0	20,004	192.00
192.01	19201	FITNESS CENTER	0		2,866	0	2,866	192.01
192.02	19202	RETAIL PHARMACY	0		0	0	0	192.02
192.03	19203	LEASED SPACE	0		0	0	0	192.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part II
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
192.04	19204	VACANT SPACE	0		17,951	0	17,951	192.04
192.05	19205	MEALS ON WHEELS	0		0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0		0	0	0	192.06
200.00		Cross Foot Adjustments		9,522	9,522	0	9,522	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,364	9,522	2,915,615	0	2,915,615	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019

Worksheet B-1

Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	NEW NEW BLDG (SQUARE FEET)	NEW PT BLDG (SQUARE FEET)	NEW RHC BLDG (SQUARE FEET)	15 N MAIN BLDG (SQUARE FEET)	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	91,934					1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG	0	0				1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG	0		7,828			1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG	0	0	0	19,702		1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG	0	0	0	0	406	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	20,912	0	123	3,256	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	6,521	0	0	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	426	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	852	0	0	0	0	9.00
10.00	01000	DIETARY	4,008	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	418	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,370	0	0	0	0	14.00
15.00	01500	PHARMACY	1,350	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,359	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	95	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,460	0	0	0	0	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,275	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,545	0	0	0	0	54.00
54.01	05401	ONCOLOGY	2,760	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	296	0	0	0	0	56.00
57.00	05700	CT SCAN	911	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,708	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,057	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	5,427	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	764	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	114	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	03950	SENIOR LIFE SOLUTIONS	2,800	0	0	0	0	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	0	0	0	76.01
76.02	03030	SLEEP STUDY	465	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	222	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	10,018	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	130	0	0	0	0	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0	0	0	0	0	90.01
90.02	04050	TELEMEDICINE	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	5,883	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	90,841	0	6,428	3,256	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	419	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	674	0	0	0	0	192.00
192.01	19201	FITNESS CENTER	0	0	40	0	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019

Worksheet B-1

Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	NEW NEW BLDG (SQUARE FEET)	NEW PT BLDG (SQUARE FEET)	NEW RHC BLDG (SQUARE FEET)	15 N MAIN BLDG (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
192.04	19204	VACANT SPACE	0	0	1,360	16,446	406	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
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)	2,338,761	0	2,059	20,102	813	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.439565	0.000000	0.263030	1.020303	2.002463	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: 14-1307

Period:
From 05/01/2018
To 04/30/2019

Worksheet B-1

Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALA RIE)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP NEW BLDG (SQUARE FEET)				
			2.00	2.01	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	100,631					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG	0	0				2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	10,637,216			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	24,291	0	1,471,904	-3,751,043	20,615,435	5.00
6.00	00600	MAINTENANCE & REPAIRS	6,521	0	288,988	0	1,176,540	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	426	0	8,321	0	109,940	8.00
9.00	00900	HOUSEKEEPING	852	0	330,052	0	511,173	9.00
10.00	01000	DIETARY	4,008	0	327,431	0	646,131	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	418	0	448,354	0	627,228	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,370	0	31,689	0	87,603	14.00
15.00	01500	PHARMACY	1,350	0	325,210	0	2,765,687	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,359	0	319,428	0	483,929	16.00
17.00	01700	SOCIAL SERVICE	95	0	41,576	0	62,748	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	293,395	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,460	0	1,776,043	0	2,633,630	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,275	0	166,993	0	664,777	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	9,776	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,545	0	505,237	0	960,212	54.00
54.01	05401	ONCOLOGY	2,760	0	235,196	0	409,146	54.01
56.00	05600	RADIOISOTOPE	296	0	74,946	0	189,667	56.00
57.00	05700	CT SCAN	911	0	56,669	0	202,716	57.00
58.00	05800	MRI	0	0	0	0	164,111	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,708	0	567,865	0	1,413,951	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,057	0	242,567	0	456,943	65.00
66.00	06600	PHYSICAL THERAPY	5,427	0	372,890	0	543,923	66.00
67.00	06700	OCCUPATIONAL THERAPY	764	0	137,292	0	183,406	67.00
68.00	06800	SPEECH PATHOLOGY	114	0	86,828	0	96,855	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,202	0	13,329	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	728	0	2,495	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	70,318	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	29,038	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	2,800	0	183,314	0	428,906	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	0	0	0	76.01
76.02	03030	SLEEP STUDY	465	0	0	0	68,388	76.02
76.97	07697	CARDIAC REHABILITATION	222	0	37,997	0	64,877	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	10,124	0	1,978,038	0	3,144,919	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	130	0	9,299	0	164,327	90.00
90.01	09002	COUMADIN, CHF/COPD CLINC	0	0	14,943	0	20,483	90.01
90.02	04050	TELEMEDICINE	0	0	780	0	2,227	90.02
91.00	09100	EMERGENCY	5,883	0	539,197	0	1,803,042	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100,631	0	10,582,977	-3,751,043	20,505,836	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	10,659	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	17,727	192.00
192.01	19201	FITNESS CENTER	0	0	54,239	0	81,213	192.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019

Worksheet B-1

Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALA RIE)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP NEW BLDG (SQUARE FEET)				
			2.00	2.01	4.00	5A	5.00	
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	0	-32,282	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
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)	553,880	0	3,367,961		3,751,043	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.504069	0.000000	0.316621		0.181953	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		669,050	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.032454	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: 14-1307

Period:
From 05/01/2018
To 04/30/2019

Worksheet B-1

Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DA YS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DA YS)	CAFETERIA (SALARIES)	
		6.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG					1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG					1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG					1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	70,846				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	426	3,458			8.00
9.00	00900	HOUSEKEEPING	852	0	68,541		9.00
10.00	01000	DIETARY	4,008	0	4,008	3,458	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	418	0	418	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,370	0	1,370	0	14.00
15.00	01500	PHARMACY	1,350	0	1,350	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,359	0	1,359	0	16.00
17.00	01700	SOCIAL SERVICE	95	0	95	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,460	3,458	9,460	3,458	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,275	0	9,275	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,545	0	5,545	0	54.00
54.01	05401	ONCOLOGY	2,760	0	2,760	0	54.01
56.00	05600	RADIOISOTOPE	296	0	296	0	56.00
57.00	05700	CT SCAN	911	0	911	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	2,708	0	2,708	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,057	0	3,057	0	65.00
66.00	06600	PHYSICAL THERAPY	5,427	0	5,427	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	764	0	764	0	67.00
68.00	06800	SPEECH PATHOLOGY	114	0	114	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	2,800	0	2,800	0	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	0	0	76.01
76.02	03030	SLEEP STUDY	465	0	465	0	76.02
76.97	07697	CARDIAC REHABILITATION	222	0	222	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	10,018	0	10,124	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	130	0	130	0	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0	0	0	0	90.01
90.02	04050	TELEMEDICINE	0	0	0	0	90.02
91.00	09100	EMERGENCY	5,883	0	5,883	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	69,713	3,458	68,541	3,458	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	419	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	674	0	0	0	192.00
192.01	19201	FITNESS CENTER	40	0	0	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	192.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019

Worksheet B-1

Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (SALARIES)	
			6.00	8.00	9.00	10.00	11.00	
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
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)	1,390,615	138,306	620,906	878,676	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.628702	39.995951	9.058899	254.099479	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	239,966	18,193	45,840	161,249	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.387150	5.261134	0.668797	46.630711	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: 14-1307

Period:
From 05/01/2018
To 04/30/2019

Worksheet B-1

Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			NURSING ADMINISTRATION (NURSING SA LARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS PATI ENT REVENUE)	SOCIAL SERVICE (PATIENT DA YS)	
			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	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	2,423,726					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	899,743				14.00
15.00	01500	PHARMACY	0	5,501	2,229,744			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,016	0	46,833,439		16.00
17.00	01700	SOCIAL SERVICE	0	38	0	0	3,458	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,482,340	59,145	0	2,087,072	3,458	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	166,993	43,613	0	997,893	0	50.00
53.00	05300	ANESTHESIOLOGY	0	3,252	0	915,109	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	53,048	0	3,319,783	0	54.00
54.01	05401	ONCOLOGY	235,196	0	0	480,543	0	54.01
56.00	05600	RADIOISOTOPE	0	4,972	0	616,959	0	56.00
57.00	05700	CT SCAN	0	16,176	0	6,072,700	0	57.00
58.00	05800	MRI	0	1,711	0	1,295,253	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	307,042	0	9,371,010	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	13,485	0	638,479	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,977	0	2,464,754	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	650	0	672,882	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	116,315	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	573	0	326,524	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	836	0	5,009	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	220,625	0	252,376	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	29,038	0	67,202	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,229,744	8,677,268	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	2,424	0	857,854	0	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	0	631,835	0	76.01
76.02	03030	SLEEP STUDY	0	0	0	625,688	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	444	0	194,447	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	58,099	0	2,946,205	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	89	0	362,789	0	90.00
90.01	09002	COUMADIN, CHF/COPD CLINC	0	809	0	171,757	0	90.01
90.02	04050	TELEMEDICINE	0	0	0	3,092	0	90.02
91.00	09100	EMERGENCY	539,197	70,692	0	2,662,641	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,423,726	898,255	2,229,744	46,833,439	3,458	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
192.01	19201	FITNESS CENTER	0	1,488	0	0	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019

Worksheet B-1

Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
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)	753,346	142,845	3,308,514	611,446	76,897	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.310821	0.158762	1.483809	0.013056	22.237420	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	34,987	50,792	137,318	63,439	5,364	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.014435	0.056452	0.061585	0.001355	1.551186	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: 14-1307

Period:
From 05/01/2018
To 04/30/2019

Worksheet B-1

Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG	1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG	1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG	1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP NEW BLDG	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
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
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	ONCOLOGY	54.01
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	76.00
76.01	03020	OP IV THERAPY/NURSING	76.01
76.02	03030	SLEEP STUDY	76.02
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	90.01
90.02	04050	TELEMEDICINE	90.02
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10
SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	109.00
110.00	11000	INTESTINAL ACQUISITION	110.00
111.00	11100	ISLET ACQUISITION	111.00
113.00	11300	INTEREST EXPENSE	113.00
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
192.01	19201	FITNESS CENTER	192.01
192.02	19202	RETAIL PHARMACY	192.02
192.03	19203	LEASED SPACE	192.03
192.04	19204	VACANT SPACE	192.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet B-1
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
			19.00		
192.05	19205	MEALS ON WHEELS	0		192.05
192.06	19206	15 N MAIN BUILDING	0		192.06
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)	346,779		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3,467.790000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	9,522		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	95.220000		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

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019

Worksheet B-2

Date/Time Prepared:
9/25/2019 4:08 pm

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1	74.00	0
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1	94.00	0
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1	74.00	0
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1	94.00	0
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1	74.00	0
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0
7.00		RECLASS OP NURSING PROC DONE IN IP		1	76.01	44,989
8.00		RECLASS OP NURSING PROC DONE IN OP		1	30.00	-44,989

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet C
Part I
Date/Time Prepared:
9/25/2019 4:08 pm

			Title XVIII		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	4,930,484		4,930,484	0	0
41.00	04100	SUBPROVIDER - IRF	0		0	0	0
42.00	04200	SUBPROVIDER	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,123,669		1,123,669	0	0
53.00	05300	ANESTHESIOLOGY	370,798		370,798	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,345,763		1,345,763	0	0
54.01	05401	ONCOLOGY	642,147		642,147	0	0
56.00	05600	RADIOISOTOPE	241,512		241,512	0	0
57.00	05700	CT SCAN	347,589		347,589	0	0
58.00	05800	MRI	211,154		211,154	0	0
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0
60.00	06000	LABORATORY	1,919,996		1,919,996	0	0
60.01	06001	BLOOD LABORATORY	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	638,260	0	638,260	0	0
66.00	06600	PHYSICAL THERAPY	831,232	0	831,232	0	0
67.00	06700	OCCUPATIONAL THERAPY	247,582	0	247,582	0	0
68.00	06800	SPEECH PATHOLOGY	119,268	0	119,268	0	0
69.00	06900	ELECTROCARDIOLOGY	20,108		20,108	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	3,147		3,147	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	121,435		121,435	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,809		39,809	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,421,804		3,421,804	0	0
76.00	03950	SENIOR LIFE SOLUTIONS	598,857		598,857	0	0
76.01	03020	OP IV THERAPY/NURSING	53,238		53,238	0	0
76.02	03030	SLEEP STUDY	102,339		102,339	0	0
76.97	07697	CARDIAC REHABILITATION	85,660		85,660	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	4,053,191		4,053,191	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	202,708		202,708	0	0
90.01	09002	COUMADIN, CHF/COPD CLINC	26,580		26,580	0	0
90.02	04050	TELEMEDICINE	2,672		2,672	0	0
91.00	09100	EMERGENCY	2,513,461		2,513,461	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	578,947		578,947	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0		0		0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0		0		0
110.00	11000	INTESTINAL ACQUISITION	0		0		0
111.00	11100	ISLET ACQUISITION	0		0		0
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	24,793,410	0	24,793,410	0	0
201.00		Less Observation Beds	578,947		578,947		0
202.00		Total (see instructions)	24,214,463	0	24,214,463	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet C
Part I
Date/Time Prepared:
9/25/2019 4:08 pm

			Title XVIII			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,662,021		1,662,021			30.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,071	989,822	997,893	1.126042	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	6,718	908,391	915,109	0.405195	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	214,052	3,105,731	3,319,783	0.405377	0.000000	54.00
54.01	05401	ONCOLOGY	3,156	477,387	480,543	1.336295	0.000000	54.01
56.00	05600	RADIOISOTOPE	18,734	598,225	616,959	0.391456	0.000000	56.00
57.00	05700	CT SCAN	308,656	5,764,044	6,072,700	0.057238	0.000000	57.00
58.00	05800	MRI	24,613	1,270,640	1,295,253	0.163021	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	693,022	8,677,988	9,371,010	0.204887	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	166,560	471,919	638,479	0.999657	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	374,716	2,090,038	2,464,754	0.337247	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	290,485	382,397	672,882	0.367943	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	34,617	81,698	116,315	1.025388	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	18,008	308,516	326,524	0.061582	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	358	4,651	5,009	0.628269	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	144,533	107,843	252,376	0.481167	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,170	66,032	67,202	0.592378	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	723,645	7,953,623	8,677,268	0.394341	0.000000	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	857,854	857,854	0.698087	0.000000	76.00
76.01	03020	OP IV THERAPY/NURSING	0	631,835	631,835	0.084259	0.000000	76.01
76.02	03030	SLEEP STUDY	0	625,688	625,688	0.163562	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	0	194,447	194,447	0.440531	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	2,946,205	2,946,205			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	6,529	356,260	362,789	0.558749	0.000000	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0	171,757	171,757	0.154754	0.000000	90.01
90.02	04050	TELEMEDICINE	0	3,092	3,092	0.864166	0.000000	90.02
91.00	09100	EMERGENCY	85,238	2,577,403	2,662,641	0.943973	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	425,051	425,051	1.362065	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0			99.10
	SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	4,784,902	42,048,537	46,833,439			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	4,784,902	42,048,537	46,833,439			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet C
Part I
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	ONCOLOGY	0.000000			54.01
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
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	03950	SENIOR LIFE SOLUTIONS	0.000000			76.00
76.01	03020	OP IV THERAPY/NURSING	0.000000			76.01
76.02	03030	SLEEP STUDY	0.000000			76.02
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0.000000			90.01
90.02	04050	TELEMEDICINE	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
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: 14-1307		Period: From 05/01/2018 To 04/30/2019		Worksheet C Part I Date/Time Prepared: 9/25/2019 4:08 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	4,930,484		4,930,484	0	4,930,484	30.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,123,669		1,123,669	0	1,123,669	50.00
53.00	05300	ANESTHESIOLOGY	370,798		370,798	0	370,798	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,345,763		1,345,763	0	1,345,763	54.00
54.01	05401	ONCOLOGY	642,147		642,147	0	642,147	54.01
56.00	05600	RADIOISOTOPE	241,512		241,512	0	241,512	56.00
57.00	05700	CT SCAN	347,589		347,589	0	347,589	57.00
58.00	05800	MRI	211,154		211,154	0	211,154	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	1,919,996		1,919,996	0	1,919,996	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	638,260	0	638,260	0	638,260	65.00
66.00	06600	PHYSICAL THERAPY	831,232	0	831,232	0	831,232	66.00
67.00	06700	OCCUPATIONAL THERAPY	247,582	0	247,582	0	247,582	67.00
68.00	06800	SPEECH PATHOLOGY	119,268	0	119,268	0	119,268	68.00
69.00	06900	ELECTROCARDIOLOGY	20,108		20,108	0	20,108	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,147		3,147	0	3,147	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	121,435		121,435	0	121,435	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,809		39,809	0	39,809	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,421,804		3,421,804	0	3,421,804	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	598,857		598,857	0	598,857	76.00
76.01	03020	OP IV THERAPY/NURSING	53,238		53,238	0	53,238	76.01
76.02	03030	SLEEP STUDY	102,339		102,339	0	102,339	76.02
76.97	07697	CARDIAC REHABILITATION	85,660		85,660	0	85,660	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	4,053,191		4,053,191	0	4,053,191	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	202,708		202,708	0	202,708	90.00
90.01	09002	COUMADIN, CHF/COPD CLINC	26,580		26,580	0	26,580	90.01
90.02	04050	TELEMEDICINE	2,672		2,672	0	2,672	90.02
91.00	09100	EMERGENCY	2,513,461		2,513,461	0	2,513,461	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	578,947		578,947		578,947	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0		0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	24,793,410	0	24,793,410	0	24,793,410	200.00
201.00		Less Observation Beds	578,947		578,947		578,947	201.00
202.00		Total (see instructions)	24,214,463	0	24,214,463	0	24,214,463	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet C
Part I
Date/Time Prepared:
9/25/2019 4:08 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,662,021		1,662,021		30.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,071	989,822	997,893	1.126042	50.00
53.00	05300	ANESTHESIOLOGY	6,718	908,391	915,109	0.405195	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	214,052	3,105,731	3,319,783	0.405377	54.00
54.01	05401	ONCOLOGY	3,156	477,387	480,543	1.336295	54.01
56.00	05600	RADIOISOTOPE	18,734	598,225	616,959	0.391456	56.00
57.00	05700	CT SCAN	308,656	5,764,044	6,072,700	0.057238	57.00
58.00	05800	MRI	24,613	1,270,640	1,295,253	0.163021	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	693,022	8,677,988	9,371,010	0.204887	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	166,560	471,919	638,479	0.999657	65.00
66.00	06600	PHYSICAL THERAPY	374,716	2,090,038	2,464,754	0.337247	66.00
67.00	06700	OCCUPATIONAL THERAPY	290,485	382,397	672,882	0.367943	67.00
68.00	06800	SPEECH PATHOLOGY	34,617	81,698	116,315	1.025388	68.00
69.00	06900	ELECTROCARDIOLOGY	18,008	308,516	326,524	0.061582	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	358	4,651	5,009	0.628269	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	144,533	107,843	252,376	0.481167	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,170	66,032	67,202	0.592378	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	723,645	7,953,623	8,677,268	0.394341	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	857,854	857,854	0.698087	76.00
76.01	03020	OP IV THERAPY/NURSING	0	631,835	631,835	0.084259	76.01
76.02	03030	SLEEP STUDY	0	625,688	625,688	0.163562	76.02
76.97	07697	CARDIAC REHABILITATION	0	194,447	194,447	0.440531	76.97
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	2,946,205	2,946,205	1.375733	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	6,529	356,260	362,789	0.558749	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0	171,757	171,757	0.154754	90.01
90.02	04050	TELEMEDICINE	0	3,092	3,092	0.864166	90.02
91.00	09100	EMERGENCY	85,238	2,577,403	2,662,641	0.943973	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	425,051	425,051	1.362065	92.00
	OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0		99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	4,784,902	42,048,537	46,833,439		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	4,784,902	42,048,537	46,833,439		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet C
Part I
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	ONCOLOGY	0.000000			54.01
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
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	03950	SENIOR LIFE SOLUTIONS	0.000000			76.00
76.01	03020	OP IV THERAPY/NURSING	0.000000			76.01
76.02	03030	SLEEP STUDY	0.000000			76.02
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09002	COUMADIN, CHF/COPD CLINC	0.000000			90.01
90.02	04050	TELEMEDICINE	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet D
Part II
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	Cost
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	352,421	997,893	0.353165	8,070	2,850	50.00
53.00	05300 ANESTHESIOLOGY	1,741	915,109	0.001903	6,718	13	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	232,728	3,319,783	0.070103	115,590	8,103	54.00
54.01	05401 ONCOLOGY	113,923	480,543	0.237071	3,156	748	54.01
56.00	05600 RADIOISOTOPE	17,632	616,959	0.028579	14,331	410	56.00
57.00	05700 CT SCAN	47,605	6,072,700	0.007839	146,339	1,147	57.00
58.00	05800 MRI	7,178	1,295,253	0.005542	15,698	87	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	170,674	9,371,010	0.018213	320,575	5,839	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	123,451	638,479	0.193352	78,111	15,103	65.00
66.00	06600 PHYSICAL THERAPY	74,470	2,464,754	0.030214	22,755	688	66.00
67.00	06700 OCCUPATIONAL THERAPY	14,406	672,882	0.021409	19,636	420	67.00
68.00	06800 SPEECH PATHOLOGY	4,420	116,315	0.038000	6,071	231	68.00
69.00	06900 ELECTROCARDIOLOGY	907	326,524	0.002778	11,576	32	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	135	5,009	0.026951	358	10	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	15,079	252,376	0.059748	54,799	3,274	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,672	67,202	0.039761	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	149,076	8,677,268	0.017180	225,420	3,873	73.00
76.00	03950 SENIOR LIFE SOLUTIONS	113,218	857,854	0.131978	0	0	76.00
76.01	03020 OP IV THERAPY/NURSING	856	631,835	0.001355	0	0	76.01
76.02	03030 SLEEP STUDY	19,341	625,688	0.030912	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	10,164	194,447	0.052271	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	460,612	2,946,205	0.156341	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	10,380	362,789	0.028612	0	0	90.00
90.01	09002 COUMADIN, CHF/COPD CLINIC	944	171,757	0.005496	0	0	90.01
90.02	04050 TELEMEDICINE	76	3,092	0.024580	0	0	90.02
91.00	09100 EMERGENCY	279,801	2,662,641	0.105084	98	10	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	73,851	425,051	0.173746	0	0	92.00
200.00	Total (lines 50 through 199)	2,297,761	45,171,418		1,049,301	42,838	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet D
Part IV
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description			Title XVIII		Hospital		Cost	
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	346,779	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ONCOLOGY	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
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	03950	SENIOR LIFE SOLUTIONS	0	0	0	0	0	76.00
76.01	03020	OP IV THERAPY/NURSING	0	0	0	0	0	76.01
76.02	03030	SLEEP STUDY	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09002	COUMADIN, CHF/COPD CLINC	0	0	0	0	0	90.01
90.02	04050	TELEMEDICINE	0	0	0	0	0	90.02
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
200.00		Total (lines 50 through 199)	346,779	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019

Worksheet D
Part IV
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description		Title XVIII			Hospital		Cost	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 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	997,893	0.000000	50.00	
53.00	05300	ANESTHESIOLOGY	0	346,779	915,109	0.378948	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,319,783	0.000000	54.00	
54.01	05401	ONCOLOGY	0	0	480,543	0.000000	54.01	
56.00	05600	RADIOISOTOPE	0	0	616,959	0.000000	56.00	
57.00	05700	CT SCAN	0	0	6,072,700	0.000000	57.00	
58.00	05800	MRI	0	0	1,295,253	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00	
60.00	06000	LABORATORY	0	0	9,371,010	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01	
65.00	06500	RESPIRATORY THERAPY	0	0	638,479	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	2,464,754	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	672,882	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	116,315	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	326,524	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	5,009	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	252,376	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	67,202	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	8,677,268	0.000000	73.00	
76.00	03950	SENIOR LIFE SOLUTIONS	0	0	857,854	0.000000	76.00	
76.01	03020	OP IV THERAPY/NURSING	0	0	631,835	0.000000	76.01	
76.02	03030	SLEEP STUDY	0	0	625,688	0.000000	76.02	
76.97	07697	CARDIAC REHABILITATION	0	0	194,447	0.000000	76.97	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	2,946,205	0.000000	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00	
90.00	09000	CLINIC	0	0	362,789	0.000000	90.00	
90.01	09002	COUMADIN, CHF/COPD CLINIC	0	0	171,757	0.000000	90.01	
90.02	04050	TELEMEDICINE	0	0	3,092	0.000000	90.02	
91.00	09100	EMERGENCY	0	0	2,662,641	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	425,051	0.000000	92.00	
200.00		Total (lines 50 through 199)	0	346,779	45,171,418		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019

Worksheet D
Part IV
Date/Time Prepared:
9/25/2019 4:08 pm

				Title XVIII		Hospital	Cost	
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	8,070	0	0	0
53.00	05300	ANESTHESIOLOGY		0.000000	6,718	2,546	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	115,590	0	0	0
54.01	05401	ONCOLOGY		0.000000	3,156	0	0	0
56.00	05600	RADIOISOTOPE		0.000000	14,331	0	0	0
57.00	05700	CT SCAN		0.000000	146,339	0	0	0
58.00	05800	MRI		0.000000	15,698	0	0	0
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0
60.00	06000	LABORATORY		0.000000	320,575	0	0	0
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0
65.00	06500	RESPIRATORY THERAPY		0.000000	78,111	0	0	0
66.00	06600	PHYSICAL THERAPY		0.000000	22,755	0	0	0
67.00	06700	OCCUPATIONAL THERAPY		0.000000	19,636	0	0	0
68.00	06800	SPEECH PATHOLOGY		0.000000	6,071	0	0	0
69.00	06900	ELECTROCARDIOLOGY		0.000000	11,576	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	358	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	54,799	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	225,420	0	0	0
76.00	03950	SENIOR LIFE SOLUTIONS		0.000000	0	0	0	0
76.01	03020	OP IV THERAPY/NURSING		0.000000	0	0	0	0
76.02	03030	SLEEP STUDY		0.000000	0	0	0	0
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0	0	0	0
90.00	09000	CLINIC		0.000000	0	0	0	0
90.01	09002	COUMADIN, CHF/COPD CLINIC		0.000000	0	0	0	0
90.02	04050	TELEMEDICINE		0.000000	0	0	0	0
91.00	09100	EMERGENCY		0.000000	98	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0
200.00		Total (lines 50 through 199)			1,049,301	2,546	0	0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet D
Part IV
Date/Time Prepared:
9/25/2019 4:08 pm

			Title XVIII		Hospital	Cost
Cost Center Description			PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			21.00	24.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	ONCOLOGY	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	0		76.00
76.01	03020	OP IV THERAPY/NURSING	0	0		76.01
76.02	03030	SLEEP STUDY	0	0		76.02
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09002	COUMADIN, CHF/COPD CLINC	0	0		90.01
90.02	04050	TELEMEDICINE	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Total (lines 50 through 199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet D
Part V
Date/Time Prepared:
9/25/2019 4:08 pm

			Title XVIII		Hospital		Cost	
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1.126042	0	630,218	0	0	50.00	
53.00	05300 ANESTHESIOLOGY	0.405195	0	544,974	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.405377	0	1,395,423	0	0	54.00	
54.01	05401 ONCOLOGY	1.336295	0	275,665	0	0	54.01	
56.00	05600 RADIOISOTOPE	0.391456	0	286,836	0	0	56.00	
57.00	05700 CT SCAN	0.057238	0	2,734,466	0	0	57.00	
58.00	05800 MRI	0.163021	0	514,750	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000 LABORATORY	0.204887	0	3,981,209	0	0	60.00	
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
65.00	06500 RESPIRATORY THERAPY	0.999657	0	243,427	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.337247	0	984,172	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.367943	0	100,650	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	1.025388	0	23,304	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.061582	0	160,037	0	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.628269	0	1,073	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.481167	0	55,441	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.592378	0	49,265	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.394341	0	5,409,658	318	0	73.00	
76.00	03950 SENIOR LIFE SOLUTIONS	0.698087	0	857,532	0	0	76.00	
76.01	03020 OP IV THERAPY/NURSING	0.084259	0	350,515	0	0	76.01	
76.02	03030 SLEEP STUDY	0.163562	0	331,719	0	0	76.02	
76.97	07697 CARDIAC REHABILITATION	0.440531	0	130,504	0	0	76.97	
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00	
90.00	09000 CLINIC	0.558749	0	166,141	0	0	90.00	
90.01	09002 COUMADIN, CHF/COPD CLINIC	0.154754	0	126,484	0	0	90.01	
90.02	04050 TELEMEDICINE	0.864166	0	1,661	0	0	90.02	
91.00	09100 EMERGENCY	0.943973	0	963,105	0	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.362065	0	249,216	0	0	92.00	
200.00	Subtotal (see instructions)		0	20,567,445	318	0	200.00	
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00	Net Charges (line 200 - line 201)		0	20,567,445	318	0	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet D
Part V
Date/Time Prepared:
9/25/2019 4:08 pm

			Title XVIII		Hospital	Cost
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	709,652	0		50.00
53.00	05300	ANESTHESIOLOGY	220,821	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	565,672	0		54.00
54.01	05401	ONCOLOGY	368,370	0		54.01
56.00	05600	RADIOISOTOPE	112,284	0		56.00
57.00	05700	CT SCAN	156,515	0		57.00
58.00	05800	MRI	83,915	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	815,698	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
65.00	06500	RESPIRATORY THERAPY	243,344	0		65.00
66.00	06600	PHYSICAL THERAPY	331,909	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	37,033	0		67.00
68.00	06800	SPEECH PATHOLOGY	23,896	0		68.00
69.00	06900	ELECTROCARDIOLOGY	9,855	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	674	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,676	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,184	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,133,250	125		73.00
76.00	03950	SENIOR LIFE SOLUTIONS	598,632	0		76.00
76.01	03020	OP IV THERAPY/NURSING	29,534	0		76.01
76.02	03030	SLEEP STUDY	54,257	0		76.02
76.97	07697	CARDIAC REHABILITATION	57,491	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	92,831	0		90.00
90.01	09002	COUMADIN, CHF/COPD CLINC	19,574	0		90.01
90.02	04050	TELEMEDICINE	1,435	0		90.02
91.00	09100	EMERGENCY	909,145	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	339,448	0		92.00
200.00		Subtotal (see instructions)	7,971,095	125		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	7,971,095	125		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1307

Period:

Worksheet D

Component CCN: 14-Z307

From 05/01/2018
To 04/30/2019Part V
Date/Time Prepared:
9/25/2019 4:08 pm

			Title XVIII	Swing Beds - SNF		Cost		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1.126042	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.405195	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.405377	0	0	0	0	54.00
54.01	05401	ONCOLOGY	1.336295	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0.391456	0	0	0	0	56.00
57.00	05700	CT SCAN	0.057238	0	0	0	0	57.00
58.00	05800	MRI	0.163021	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.204887	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.999657	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.337247	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.367943	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1.025388	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.061582	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.628269	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.481167	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.592378	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.394341	0	0	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0.698087	0	0	0	0	76.00
76.01	03020	OP IV THERAPY/NURSING	0.084259	0	0	0	0	76.01
76.02	03030	SLEEP STUDY	0.163562	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.440531	0	0	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.558749	0	0	0	0	90.00
90.01	09002	COUMADIN, CHF/COPD CLINIC	0.154754	0	0	0	0	90.01
90.02	04050	TELEMEDICINE	0.864166	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.943973	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.362065	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1307

Period:

Worksheet D

Component CCN: 14-Z307

From 05/01/2018
To 04/30/2019Part V
Date/Time Prepared:
9/25/2019 4:08 pm

			Title XVIII		Swing Beds - SNF	Cost
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	ONCOLOGY	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	0		76.00
76.01	03020	OP IV THERAPY/NURSING	0	0		76.01
76.02	03030	SLEEP STUDY	0	0		76.02
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09002	COUMADIN, CHF/COPD CLINC	0	0		90.01
90.02	04050	TELEMEDICINE	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet D
Part V
Date/Time Prepared:
9/25/2019 4:08 pm

			Title XIX		Hospital		Cost	
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1.126042	0	44,897	0	0	50.00	
53.00	05300 ANESTHESIOLOGY	0.405195	0	35,102	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.405377	0	397,025	0	0	54.00	
54.01	05401 ONCOLOGY	1.336295	0	67,715	0	0	54.01	
56.00	05600 RADIOISOTOPE	0.391456	0	43,685	0	0	56.00	
57.00	05700 CT SCAN	0.057238	0	838,414	0	0	57.00	
58.00	05800 MRI	0.163021	0	154,781	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000 LABORATORY	0.204887	0	1,102,876	0	0	60.00	
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
65.00	06500 RESPIRATORY THERAPY	0.999657	0	62,867	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.337247	0	120,670	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.367943	0	104,697	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	1.025388	0	40,191	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.061582	0	38,036	0	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.628269	0	1,789	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.481167	0	20,742	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.592378	0	1,613	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.394341	0	1,058,766	0	0	73.00	
76.00	03950 SENIOR LIFE SOLUTIONS	0.698087	0	0	0	0	76.00	
76.01	03020 OP IV THERAPY/NURSING	0.084259	0	50,086	0	0	76.01	
76.02	03030 SLEEP STUDY	0.163562	0	62,176	0	0	76.02	
76.97	07697 CARDIAC REHABILITATION	0.440531	0	13,817	0	0	76.97	
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	1.375733				0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00	
90.00	09000 CLINIC	0.558749	0	17,756	0	0	90.00	
90.01	09002 COUMADIN, CHF/COPD CLINIC	0.154754	0	9,163	0	0	90.01	
90.02	04050 TELEMEDICINE	0.864166	0	1,132	0	0	90.02	
91.00	09100 EMERGENCY	0.943973	0	597,951	0	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.362065	0	39,604	0	0	92.00	
200.00	Subtotal (see instructions)		0	4,925,551	0	0	200.00	
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00	Net Charges (line 200 - line 201)		0	4,925,551	0	0	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet D
Part V
Date/Time Prepared:
9/25/2019 4:08 pm

			Title XIX		Hospital	Cost
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	50,556	0		50.00
53.00	05300	ANESTHESIOLOGY	14,223	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	160,945	0		54.00
54.01	05401	ONCOLOGY	90,487	0		54.01
56.00	05600	RADIOISOTOPE	17,101	0		56.00
57.00	05700	CT SCAN	47,989	0		57.00
58.00	05800	MRI	25,233	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	225,965	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
65.00	06500	RESPIRATORY THERAPY	62,845	0		65.00
66.00	06600	PHYSICAL THERAPY	40,696	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	38,523	0		67.00
68.00	06800	SPEECH PATHOLOGY	41,211	0		68.00
69.00	06900	ELECTROCARDIOLOGY	2,342	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,124	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,980	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	956	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	417,515	0		73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	0		76.00
76.01	03020	OP IV THERAPY/NURSING	4,220	0		76.01
76.02	03030	SLEEP STUDY	10,170	0		76.02
76.97	07697	CARDIAC REHABILITATION	6,087	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	9,921	0		90.00
90.01	09002	COUMADIN, CHF/COPD CLINC	1,418	0		90.01
90.02	04050	TELEMEDICINE	978	0		90.02
91.00	09100	EMERGENCY	564,450	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	53,943	0		92.00
200.00		Subtotal (see instructions)	1,898,878	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	1,898,878	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1307	Period: From 05/01/2018 To 04/30/2019	Worksheet D-1 Date/Time Prepared: 9/25/2019 4:08 pm	
		Title XVIII	Hospital	Cost	
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)			3,458	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			1,300	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)			981	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			832	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)			513	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			417	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)			396	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			719	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)			728	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)			492	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0	14.00
15.00	Total nursery days (title V or XIX only)			0	15.00
16.00	Nursery days (title V or XIX only)			0	16.00
	SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period				17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period				18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			158.52	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			161.69	20.00
21.00	Total general inpatient routine service cost (see instructions)			4,930,484	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)			66,103	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)			64,029	25.00
26.00	Total swing-bed cost (see instructions)			2,571,146	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			2,359,338	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)			2,359,338	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,814.88	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,304,899	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,304,899	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019

Worksheet D-1

Date/Time Prepared:
9/25/2019 4:08 pm

			Title XVIII		Hospital	Cost	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					360,609	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,665,508	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					1,321,233	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					892,921	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					2,214,154	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)					319	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,814.88	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					578,947	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019

Worksheet D-1

Date/Time Prepared:
9/25/2019 4:08 pm

		Title XVIII		Hospital	Cost	
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	628,938	4,930,484	0.127561	578,947	73,851
91.00	Nursing School cost	0	4,930,484	0.000000	578,947	0
92.00	Allied health cost	0	4,930,484	0.000000	578,947	0
93.00	All other Medical Education	0	4,930,484	0.000000	578,947	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-1307	Period: From 05/01/2018 To 04/30/2019	Worksheet D-3 Date/Time Prepared: 9/25/2019 4:08 pm
Cost Center Description			Title XVIII	Hospital	Cost
			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		784,223	30.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1.126042	8,070	50.00
53.00	05300	ANESTHESIOLOGY	0.405195	6,718	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.405377	115,590	54.00
54.01	05401	ONCOLOGY	1.336295	3,156	54.01
56.00	05600	RADIOISOTOPE	0.391456	14,331	56.00
57.00	05700	CT SCAN	0.057238	146,339	57.00
58.00	05800	MRI	0.163021	15,698	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.204887	320,575	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.999657	78,111	65.00
66.00	06600	PHYSICAL THERAPY	0.337247	22,755	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.367943	19,636	67.00
68.00	06800	SPEECH PATHOLOGY	1.025388	6,071	68.00
69.00	06900	ELECTROCARDIOLOGY	0.061582	11,576	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.628269	358	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.481167	54,799	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.592378	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.394341	225,420	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0.698087	0	76.00
76.01	03020	OP IV THERAPY/NURSING	0.084259	0	76.01
76.02	03030	SLEEP STUDY	0.163562	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.440531	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.558749	0	90.00
90.01	09002	COUMADIN, CHF/COPD CLINC	0.154754	0	90.01
90.02	04050	TELEMEDICINE	0.864166	0	90.02
91.00	09100	EMERGENCY	0.943973	98	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.362065	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,049,301	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		1,049,301	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1307 Component CCN: 14-Z307	Period: From 05/01/2018 To 04/30/2019	Worksheet D-3 Date/Time Prepared: 9/25/2019 4:08 pm	
Cost Center Description		Title XVIII	Swing Beds - SNF	Cost	
		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
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1.126042	0	50.00
53.00	05300	ANESTHESIOLOGY	0.405195	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.405377	54,431	54.00
54.01	05401	ONCOLOGY	1.336295	0	54.01
56.00	05600	RADIOISOTOPE	0.391456	0	56.00
57.00	05700	CT SCAN	0.057238	94,449	57.00
58.00	05800	MRI	0.163021	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.204887	234,438	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.999657	64,115	65.00
66.00	06600	PHYSICAL THERAPY	0.337247	258,177	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.367943	248,144	67.00
68.00	06800	SPEECH PATHOLOGY	1.025388	25,710	68.00
69.00	06900	ELECTROCARDIOLOGY	0.061582	4,594	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.628269	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.481167	59,454	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.592378	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.394341	400,428	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0.698087	0	76.00
76.01	03020	OP IV THERAPY/NURSING	0.084259	0	76.01
76.02	03030	SLEEP STUDY	0.163562	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.440531	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.558749	6,529	90.00
90.01	09002	COUMADIN, CHF/COPD CLINC	0.154754	0	90.01
90.02	04050	TELEMEDICINE	0.864166	0	90.02
91.00	09100	EMERGENCY	0.943973	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.362065	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,450,469	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		1,450,469	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-1307	Period: From 05/01/2018 To 04/30/2019	Worksheet D-3 Date/Time Prepared: 9/25/2019 4:08 pm
Cost Center Description			Title XIX	Hospital	Cost
			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		74,458	30.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1.126042	0	50.00
53.00	05300	ANESTHESIOLOGY	0.405195	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.405377	8,964	54.00
54.01	05401	ONCOLOGY	1.336295	0	54.01
56.00	05600	RADIOISOTOPE	0.391456	2,557	56.00
57.00	05700	CT SCAN	0.057238	16,435	57.00
58.00	05800	MRI	0.163021	3,400	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.204887	28,887	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.999657	4,867	65.00
66.00	06600	PHYSICAL THERAPY	0.337247	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.367943	0	67.00
68.00	06800	SPEECH PATHOLOGY	1.025388	1,017	68.00
69.00	06900	ELECTROCARDIOLOGY	0.061582	367	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.628269	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.481167	2,869	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.592378	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.394341	18,877	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0.698087	0	76.00
76.01	03020	OP IV THERAPY/NURSING	0.084259	0	76.01
76.02	03030	SLEEP STUDY	0.163562	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.440531	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	1.375733	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.558749	0	90.00
90.01	09002	COUMADIN, CHF/COPD CLINC	0.154754	0	90.01
90.02	04050	TELEMEDICINE	0.864166	0	90.02
91.00	09100	EMERGENCY	0.943973	25,680	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.362065	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		113,920	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)		113,920	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1307	Period: From 05/01/2018 To 04/30/2019	Worksheet E Part B Date/Time Prepared: 9/25/2019 4:08 pm
		Title XVIII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		7,971,220	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		7,971,220	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a 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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		8,050,932	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		35,272	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,304,071	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)		4,711,589	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)		4,711,589	30.00
31.00	Primary payer payments		4,086	31.00
32.00	Subtotal (line 30 minus line 31)		4,707,503	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)		503,216	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		327,090	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		261,017	36.00
37.00	Subtotal (see instructions)		5,034,593	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)		5,034,593	40.00
40.01	Sequestration adjustment (see instructions)		100,692	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		4,903,433	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		30,468	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1307	Period: From 05/01/2018 To 04/30/2019	Worksheet E Part B Date/Time Prepared: 9/25/2019 4:08 pm
		Title XVIII	Hospital	Cost
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet E-1
Part I
Date/Time Prepared:
9/25/2019 4:08 pm

		Title XVIII		Hospital		Cost
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,390,611		5,119,742	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	04/29/2019	196,802		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	10/31/2018	51,032	10/31/2018	80,408	3.50
3.51			0	04/29/2019	135,901	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)		145,770		-216,309	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)		1,536,381		4,903,433	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		30,468	6.01
6.02	SETTLEMENT TO PROGRAM		32,173		0	6.02
7.00	Total Medicare program liability (see instructions)		1,504,208		4,933,901	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES, INC.		06101		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-1307

Period:

Worksheet E-1

Component CCN: 14-Z307

From 05/01/2018
To 04/30/2019Part I
Date/Time Prepared:
9/25/2019 4:08 pm

		Title XVIII		Swing Beds - SNF		Cost
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,459,679		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	04/19/2019	258,051		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	10/31/2018	46,539		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)		211,512		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,671,191		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		20,726		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,691,917		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES, INC.		06101		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet E-1
Part II
Date/Time Prepared:
9/25/2019 4:08 pm

		Title XVIII	Hospital	Cost
				1.00
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS			
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00
				Overrides
				1.00
	CONTRACTOR OVERRIDES			
108.00	Override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 14-1307 Component CCN: 14-Z307	Period: From 05/01/2018 To 04/30/2019	Worksheet E-2 Date/Time Prepared: 9/25/2019 4:08 pm
		Title XVIII	Swing Beds - SNF	Cost
		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	2,236,296	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH, see instructions)	540,123	0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	1,220	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	2,776,419	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	2,776,419	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	2,776,419	0	12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	29,565	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	2,746,854	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50
16.55	Rural community hospital demonstration project (§410A Demonstration) payment adjustment (see instructions)	0		16.55
16.99	Demonstration payment adjustment amount before sequestration	0	0	16.99
17.00	Allowable bad debts (see instructions)	0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (see instructions)	2,746,854	0	19.00
19.01	Sequestration adjustment (see instructions)	54,937	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)	0	0	19.02
20.00	Interim payments	2,671,191	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)	20,726	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	23.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00
203.00	Total (sum of lines 201 and 202)			203.00
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
205.00	Medicare swing-bed SNF target amount			205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
Comparision 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: 14-1307	Period: From 05/01/2018 To 04/30/2019	Worksheet E-3 Part V Date/Time Prepared: 9/25/2019 4:08 pm
		Title XVIII	Hospital	Cost
		1.00		
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT				
1.00	Inpatient services		1,665,508	1.00
2.00	Nursing and Allied Health Managed Care payment (see instructions)		0	2.00
3.00	Organ acquisition		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,665,508	4.00
5.00	Primary payer payments		0	5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)		1,682,163	6.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
7.00	Routine service charges		0	7.00
8.00	Ancillary service charges		0	8.00
9.00	Organ acquisition charges, net of revenue		0	9.00
10.00	Total reasonable charges		0	10.00
Customary charges				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	11.00
12.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)		0.000000	13.00
14.00	Total customary charges (see instructions)		0	14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)		0	15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)		0	16.00
17.00	Cost of physicians' services in a teaching hospital (see instructions)		0	17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)		1,682,163	19.00
20.00	Deductibles (exclude professional component)		186,024	20.00
21.00	Excess reasonable cost (from line 16)		0	21.00
22.00	Subtotal (line 19 minus line 20 and 21)		1,496,139	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (line 22 minus line 23)		1,496,139	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		59,641	25.00
26.00	Adjusted reimbursable bad debts (see instructions)		38,767	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		26,492	27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)		1,534,906	28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	29.00
29.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	29.50
29.99	Demonstration payment adjustment amount before sequestration		0	29.99
30.00	Subtotal (see instructions)		1,534,906	30.00
30.01	Sequestration adjustment (see instructions)		30,698	30.01
30.02	Demonstration payment adjustment amount after sequestration		0	30.02
31.00	Interim payments		1,536,381	31.00
32.00	Tentative settlement (for contractor use only)		0	32.00
33.00	Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32)		-32,173	33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	34.00

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

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019

Worksheet G

Date/Time Prepared:
9/25/2019 4:08 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	7,812,714	0	0	0	1.00
2.00	Temporary investments	5,103,650	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	3,010,026	0	0	0	4.00
5.00	Other receivable	329,041	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	245,703	0	0	0	7.00
8.00	Prepaid expenses	290,779	0	0	0	8.00
9.00	Other current assets	1,266,971	0	0	45,406	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	18,058,884	0	0	45,406	11.00
FIXED ASSETS						
12.00	Land	522,113	0	0	0	12.00
13.00	Land improvements	2,925,869	0	0	0	13.00
14.00	Accumulated depreciation	-713,862	0	0	0	14.00
15.00	Buildings	30,410,136	0	0	0	15.00
16.00	Accumulated depreciation	-6,614,561	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	5,819,511	0	0	0	23.00
24.00	Accumulated depreciation	-3,995,294	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	1,682,323	0	0	0	27.00
28.00	Accumulated depreciation	-1,605,994	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)	28,430,241	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	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	55	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	55	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	46,489,180	0	0	45,406	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	87,934	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,168,338	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	401,755	0	0	0	40.00
41.00	Deferred income	282,500	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	746,447	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,686,974	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	22,941,830	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)	22,941,830	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	25,628,804	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	20,860,376	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	45,406	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	20,860,376	0	0	45,406	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	46,489,180	0	0	45,406	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019

Worksheet G-1

Date/Time Prepared:
9/25/2019 4:08 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		19,433,761		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		1,429,405				2.00
3.00	Total (sum of line 1 and line 2)		20,863,166		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TRANSFER	0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		20,863,166		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFER	2,790		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)		2,790		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		20,860,376		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		42,616			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		42,616			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	TRANSFER		2,790				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		2,790			10.00
11.00	Subtotal (line 3 plus line 10)	0		45,406			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	TRANSFER		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		45,406			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
9/25/2019 4:08 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	1,032,835		1,032,835	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	629,186		629,186	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	1,662,021		1,662,021	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				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)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,662,021		1,662,021	17.00
18.00	Ancillary services	3,031,114	35,568,769	38,599,883	18.00
19.00	Outpatient services	91,767	3,533,563	3,625,330	19.00
20.00	RURAL HEALTH CLINIC	0	2,946,205	2,946,205	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	93,188	2,303,771	2,396,959	27.00
27.01	340 GROSS UP	0	38,360	38,360	27.01
27.02	RHC CHRONIC & TRANSITIONAL CARE	0	31,430	31,430	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	4,878,090	44,422,098	49,300,188	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		26,166,401		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		26,166,401		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-1307

Period:
From 05/01/2018
To 04/30/2019

Worksheet G-3

Date/Time Prepared:
9/25/2019 4:08 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	49,300,188	1.00
2.00	Less contractual allowances and discounts on patients' accounts	23,079,183	2.00
3.00	Net patient revenues (line 1 minus line 2)	26,221,005	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	26,166,401	4.00
5.00	Net income from service to patients (line 3 minus line 4)	54,604	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	23,781	6.00
7.00	Income from investments	206,751	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	3,937	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	68,542	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	5,447	17.00
18.00	Revenue from sale of medical records and abstracts	3,702	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	221	21.00
22.00	Rental of hospital space	35,034	22.00
23.00	Governmental appropriations	303,974	23.00
24.00	CONTRACT SERVICES	51,393	24.00
24.01	MISC OPERATING REVENUE	62,001	24.01
24.02	MISC NON-OPERATING REVENUE	-97,617	24.02
24.03	340B DISCOUNT	707,635	24.03
25.00	Total other income (sum of lines 6-24)	1,374,801	25.00
26.00	Total (line 5 plus line 25)	1,429,405	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	1,429,405	29.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-1307

Period:

Worksheet M-1

Component CCN: 14-3412

From 05/01/2018
To 04/30/2019Date/Time Prepared:
9/25/2019 4:08 pm

				RHC I		Cost	
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	898,730	11,336	910,066	-117,551	792,515	1.00
2.00	Physician Assistant	299,149	0	299,149	0	299,149	2.00
3.00	Nurse Practitioner	95,593	0	95,593	0	95,593	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	335,169	0	335,169	-22,498	312,671	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	20,478	20,478	-3,476	17,002	9.00
10.00	Subtotal (sum of lines 1 through 9)	1,628,641	31,814	1,660,455	-143,525	1,516,930	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	151,906	151,906	0	151,906	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	32,100	32,100	0	32,100	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	184,006	184,006	0	184,006	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,628,641	215,820	1,844,461	-143,525	1,700,936	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	7,795	7,795	25.02
26.00	All other nonreimbursable costs	0	0	0	12,622	12,622	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	20,417	20,417	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	465,614	22,040	487,654	0	487,654	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	465,614	22,040	487,654	0	487,654	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	2,094,255	237,860	2,332,115	-123,108	2,209,007	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-1307

Period:

Worksheet M-1

Component CCN: 14-3412

From 05/01/2018
To 04/30/2019Date/Time Prepared:
9/25/2019 4:08 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	792,515	1.00
2.00	Physician Assistant	0	299,149	2.00
3.00	Nurse Practitioner	0	95,593	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	312,671	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	17,002	9.00
10.00	Subtotal (sum of lines 1 through 9)	0	1,516,930	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00	Medical Supplies	0	151,906	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	17.00
18.00	Professional Liability Insurance	0	0	18.00
19.00	Other Health Care Costs	0	32,100	19.00
20.00	Allowable GME Costs			20.00
21.00	Subtotal (sum of lines 15 through 20)	0	184,006	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	1,700,936	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	0	25.01
25.02	Chronic Care Management	0	7,795	25.02
26.00	All other nonreimbursable costs	0	12,622	26.00
27.00	Nonallowable GME costs			27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	20,417	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	0	0	29.00
30.00	Administrative Costs	-946	486,708	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-946	486,708	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-946	2,208,061	32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 14-1307

Period:

Worksheet M-2

Component CCN: 14-3412

From 05/01/2018
To 04/30/2019Date/Time Prepared:
9/25/2019 4:08 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	1.96	10,593	4,200	8,232		1.00
2.00	Physician Assistant	1.76	5,701	2,100	3,696		2.00
3.00	Nurse Practitioner	0.89	1,915	2,100	1,869		3.00
4.00	Subtotal (sum of lines 1 through 3)	4.61	18,209		13,797	18,209	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	4.61	18,209			18,209	8.00
9.00	Physician Services Under Agreements		53			53	9.00
							1.00
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES							
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					1,700,936	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					20,417	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					1,721,353	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					0.988139	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					486,708	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					1,845,130	15.00
16.00	Total overhead (sum of lines 14 and 15)					2,331,838	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					2,331,838	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					2,304,180	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					4,005,116	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-1307 Component CCN: 14-3412	Period: From 05/01/2018 To 04/30/2019	Worksheet M-3 Date/Time Prepared: 9/25/2019 4:08 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)			4,005,116	1.00	
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			160,237	2.00	
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			3,844,879	3.00	
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			18,209	4.00	
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			53	5.00	
6.00	Total adjusted visits (line 4 plus line 5)			18,262	6.00	
7.00	Adjusted cost per visit (line 3 divided by line 6)			210.54	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)			83.45	84.70	8.00
9.00	Rate for Program covered visits (see instructions)			210.54	210.54	9.00
CALCULATION OF SETTLEMENT						
10.00	Program covered visits excluding mental health services (from contractor records)			4,444	2,222	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)			935,640	467,820	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	1,403,460	16.00
16.01	Total program charges (see instructions)(from contractor's records)				1,045,368	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)				22,680	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)				30,449	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.)				1,033,371	16.04
16.05	Total program cost (see instructions)			0	1,063,820	16.05
17.00	Primary payer amounts				0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)				81,297	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)				188,278	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)				1,063,820	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)				92,065	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)				1,155,885	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)				1,155,885	26.00
26.01	Sequestration adjustment (see instructions)				23,118	26.01
26.02	Demonstration payment adjustment amount after sequestration				0	26.02
27.00	Interim payments				1,046,238	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)				86,529	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: 14-1307 Component CCN: 14-3412	Period: From 05/01/2018 To 04/30/2019	Worksheet M-4 Date/Time Prepared: 9/25/2019 4:08 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)		1,516,930	1,516,930	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.001239	0.003961	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		1,879	6,009	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		39,961	20,203	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		41,840	26,212	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		1,700,936	1,700,936	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		2,304,180	2,304,180	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.024598	0.015410	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		56,678	35,507	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		98,518	61,719	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		260	833	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		378.92	74.09	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		154	455	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		58,354	33,711	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)			160,237	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)			92,065	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-1307 Component CCN: 14-3412	Period: From 05/01/2018 To 04/30/2019	Worksheet M-5 Date/Time Prepared: 9/25/2019 4:08 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			978,007	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			04/29/2019	96,660	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			10/31/2018	28,429	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)			68,231	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)			1,046,238	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			86,529	6.01
6.02	SETTLEMENT TO PROGRAM			0	6.02
7.00	Total Medicare program liability (see instructions)			1,132,767	7.00
			Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	
			1.00	2.00	
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES, INC.	06101		8.00