

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

OMB NO. 0938-0050
EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-1317	Period: From 10/01/2018 To 09/30/2019	Worksheet S Parts I-III Date/Time Prepared: 2/26/2020 12:45 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically filed cost report 2. ☐ Manually submitted cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

PART II - CERTIFICATION
 MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GIBSON AREA HOSPITAL AND HEALTH SVCS (14-1317) for the cost reporting period beginning 10/01/2018 and ending 09/30/2019 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 V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	533,692	-222,653	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	43,761	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	57		0	7.00
10.00	RURAL HEALTH CLINIC I	0		461,851		0	10.00
200.00	Total	0	577,453	239,255	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-1317		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/26/2020 12:45 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1120 N. MELVIN			PO Box:				1.00		
2.00	City: GIBSON CITY			State: IL		Zip Code: 60936-		County: FORD 2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		GIBSON AREA HOSPITAL AND HEALTH SVCS	141317	16580	1	01/03/2002	N	O	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF		GIBSON COMMUNITY SWING BEDS	14Z317	16580		12/31/2002	N	O	N
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF		GIBSON HOSPITAL ANNEX SNF	145979	16580		05/19/1999	N	P	P
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		THE PAXTON CLINIC	143408	16580		01/01/1996	N	O	O
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					10/01/2018		09/30/2019		20.00
21.00	Type of Control (see instructions)					2				21.00
						1.00	2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				N	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	N			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				2	N			23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet S-2
Part I
Date/Time Prepared:
2/26/2020 12:45 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		25.00
					Urban/Rural S	Date of Geogr	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
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: 14-1317		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/26/2020 12:45 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	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
			1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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

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

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		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N					110.00
						1.00	
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:	577,682		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							

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1317		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/26/2020 12:45 pm	
		1.00		2.00			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
		1.00					
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		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.	N				146.00	
		1.00					
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A 1.00		Part B 2.00		Title V 3.00	
						Title XIX 4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
		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 0		County 1.00		State 2.00	
				Zip Code 3.00		CBSA 4.00	
						FTE/Campus 5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
		1.00					
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					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 1.00		Ending 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)					170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-1317	Period: From 10/01/2018 To 09/30/2019	Worksheet S-2 Part I Date/Time Prepared: 2/26/2020 12:45 pm
		1.00	2.00
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-1317		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part II Date/Time Prepared: 2/26/2020 12:45 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date	V/I			
		1.00	2.00	3.00			
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type	Date			
		1.00	2.00	3.00			
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y					12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N					13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N					14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N					15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	02/13/2020	Y	02/13/2020		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-1317	Period: From 10/01/2018 To 09/30/2019	Worksheet S-2 Part II Date/Time Prepared: 2/26/2020 12:45 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
		Y/N	Date	Y/N
		1.00	2.00	3.00
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		Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		Y	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N	27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		Y	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N	31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N	33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		Y	35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?		N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N	40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MATTHEW	ERTEL	41.00
42.00	Enter the employer/company name of the cost report preparer.	GIBSON AREA HOSPITAL AND HEALTH SERV		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-784-2601	MATTHEW_ERTEL@GIBSONHOSPITAL.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet S-2
Part II
Date/Time Prepared:
2/26/2020 12:45 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.	CFO	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
2/26/2020 12:45 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 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	23	8,395	46,683.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		23	8,395	46,683.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	2	730	768.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		25	9,125	47,451.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	5	1,825		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	46.00	37	13,505			21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RHC (CONSOLIDATED)	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		67				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
2/26/2020 12:45 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)	847	45	1,926			1.00
2.00	HMO and other (see instructions)	297	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	913	0	1,159			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	276			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	1,760	45	3,361			7.00
8.00	INTENSIVE CARE UNIT	21	0	32			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		87	364			13.00
14.00	Total (see instructions)	1,781	132	3,757	0.00	567.97	14.00
15.00	CAH visits	15,192	1,564	53,250			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	313	0	313	0.00	0.81	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE			12,237	0.00	31.49	21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RHC (CONSOLIDATED)	13,897	0	56,409	0.00	114.23	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	714.50	27.00
28.00	Observation Bed Days		5	515			28.00
29.00	Ambulance Trips	771					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	9	130			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
2/26/2020 12:45 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	293	19	779	1.00
2.00 HMO and other (see instructions)			88	106		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	293	19	779	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	0.00				27	21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RHC (CONSOLIDATED)	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet S-7

Date/Time Prepared:
2/26/2020 12:45 pm

		1.00	2.00	3.00	4.00
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	Y	12/31/2002		2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	3.00
4.00		RUL	0	0	4.00
5.00		RVX	0	0	5.00
6.00		RVL	0	0	6.00
7.00		RHX	36	0	7.00
8.00		RHL	0	0	8.00
9.00		RMX	0	0	9.00
10.00		RML	0	0	10.00
11.00		RLX	0	0	11.00
12.00		RUC	0	0	12.00
13.00		RUB	0	0	13.00
14.00		RUA	0	0	14.00
15.00		RVC	0	0	15.00
16.00		RVB	0	0	16.00
17.00		RVA	0	0	17.00
18.00		RHC	37	0	18.00
19.00		RHB	95	0	19.00
20.00		RHA	86	0	20.00
21.00		RMC	4	0	21.00
22.00		RMB	8	0	22.00
23.00		RMA	0	0	23.00
24.00		RLB	0	0	24.00
25.00		RLA	0	0	25.00
26.00		ES3	0	0	26.00
27.00		ES2	0	0	27.00
28.00		ES1	20	0	28.00
29.00		HE2	0	0	29.00
30.00		HE1	0	0	30.00
31.00		HD2	0	0	31.00
32.00		HD1	0	0	32.00
33.00		HC2	0	0	33.00
34.00		HC1	0	0	34.00
35.00		HB2	0	0	35.00
36.00		HB1	0	0	36.00
37.00		LE2	0	0	37.00
38.00		LE1	0	0	38.00
39.00		LD2	0	0	39.00
40.00		LD1	0	0	40.00
41.00		LC2	0	0	41.00
42.00		LC1	0	0	42.00
43.00		LB2	0	0	43.00
44.00		LB1	7	0	44.00
45.00		CE2	0	0	45.00
46.00		CE1	0	0	46.00
47.00		CD2	0	0	47.00
48.00		CD1	20	0	48.00
49.00		CC2	0	0	49.00
50.00		CC1	0	0	50.00
51.00		CB2	0	0	51.00
52.00		CB1	0	0	52.00
53.00		CA2	0	0	53.00
54.00		CA1	0	0	54.00
55.00		SE3	0	0	55.00
56.00		SE2	0	0	56.00
57.00		SE1	0	0	57.00
58.00		SSC	0	0	58.00
59.00		SSB	0	0	59.00
60.00		SSA	0	0	60.00
61.00		IB2	0	0	61.00
62.00		IB1	0	0	62.00
63.00		IA2	0	0	63.00
64.00		IA1	0	0	64.00
65.00		BB2	0	0	65.00
66.00		BB1	0	0	66.00
67.00		BA2	0	0	67.00
68.00		BA1	0	0	68.00

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet S-7

Date/Time Prepared:
2/26/2020 12:45 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		313	0	313	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES					
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			16580	16580	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		29,350	32.10	Y	202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		91,432			207.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA				Provider CCN: 14-1317 Component CCN: 14-3408		Period: From 10/01/2018 To 09/30/2019		Worksheet S-8 Date/Time Prepared: 2/26/2020 12:45 pm	
				RHC I		Cost			
				1.00					
Clinic Address and Identification									
1.00	Street				225 MARKET STREET			1.00	
				City		State		ZIP Code	
				1.00		2.00		3.00	
2.00	City, State, ZIP Code, County				PAXTON IL 60957			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	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)				N		0		10.00
				Sunday		Monday		Tuesday	
				from to		from to		from	
				1.00 2.00		3.00 4.00		5.00	
11.00	Facility hours of operations (1)								
11.00	CLINIC				08:00 12:00		07:00 17:00		08:00 11.00
								1.00 2.00	
12.00	Have you received an approval for an exception to the productivity standard?				N				12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.				Y		10		13.00
				Provider name		CCN number			
				1.00		2.00			
14.00	RHC/FQHC name, CCN number				THE PAXTON CLINIC		143408		14.00
14.01					THE ONARGA CLINIC		143440		14.01
14.02					PRAIRIE FAMILY MEDICINE & OB		148505		14.02
14.03					HOOPESTON CLINIC		148515		14.03
14.04					FAMILY HEALTH CARE OF GIBSON CITY		148516		14.04
14.05					FARMER CITY CLINIC		148517		14.05
14.06					GIBSON AREA MEDICAL CLINIC		148546		14.06
14.07					GIBSON CITY CLINIC		148559		14.07
14.08					FAMILY HEALTH CARE OF CISSNA PARK		148593		14.08
14.09					FAMILY HEALTH CARE OF MAHOMET		148600		14.09
				Y/N		V		XVIII	
				1.00		2.00		3.00	
								XIX	
								Total Visits	
								5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)								15.00

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-1317	Period: From 10/01/2018 To 09/30/2019	Worksheet S-10 Date/Time Prepared: 2/26/2020 12:45 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)			0.373336 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	1,003,395		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	35,628		5.00
6.00	Medicaid charges	20,312,909		6.00
7.00	Medicaid cost (line 1 times line 6)	7,583,540		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)	6,544,517		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	65,507		9.00
10.00	Stand-alone CHIP charges	318,483		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	118,901		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	53,394		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	6,597,911		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	2,288,453	863,039	3,151,492 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	854,362	863,039	1,717,401 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	854,362	863,039	1,717,401 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	4,999,374		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	386,525		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	594,654		27.01
28.00	Non-Medicare bad debt expense (see instructions)	4,404,720		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	1,852,570		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	3,569,971		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	10,167,882		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-1317		Period: From 10/01/2018 To 09/30/2019		Worksheet A Date/Time Prepared: 2/26/2020 12:45 pm	
		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification ions (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
			1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,234,563	4,234,563	-3,032,121	1,202,442		1.00
1.01	00101	OB UNIT - BLDG & FIXT		0	0	309,984	309,984		1.01
1.02	00102	B&F - ONARGA RHC		0	0	13,929	13,929		1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN		0	0	15,351	15,351		1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC		0	0	84,638	84,638		1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC		0	0	15,937	15,937		1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC		0	0	156,264	156,264		1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC		0	0	51,720	51,720		1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC		0	0	11,744	11,744		1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER		0	0	796	796		1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION		0	0	6,146	6,146		1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE		0	0	6,836	6,836		1.15
1.16	00116	B&F - AMBULANCE BUILDING		0	0	24,814	24,814		1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK		0	0	35,832	35,832		1.17
1.18	00118	B&F - COSMETOLOGY OFFICE		0	0	6,685	6,685		1.18
1.19	00119	B&F - ANESTHESIA HOUSE		0	0	6,578	6,578		1.19
1.20	00120	B&F - #7 DOCTOR'S PARK		0	0	10,836	10,836		1.20
1.21	00121	B&F - #4 DOCTOR'S PARK		0	0	1,733	1,733		1.21
1.22	00122	B&F - #8 DOCTOR'S PARK		0	0	14,372	14,372		1.22
1.25	00125	B&F - HARMS HOUSE/IT		0	0	29,665	29,665		1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE		0	0	32,568	32,568		1.26
1.27	00127	B&F - FALCON POINT RESIDENCE		0	0	9,671	9,671		1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED		0	0	12,878	12,878		1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	2,953,133	2,953,133		2.00
3.00	00300	OTHER CAP REL COSTS		192,914	192,914	0	192,914		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	322,343	15,081,427	15,403,770	-951,427	14,452,343		4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,085,597	1,389,045	3,474,642	-769,766	2,704,876		5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	5,241,285	8,760,017	14,001,302	-1,106,128	12,895,174		5.02
7.00	00700	OPERATION OF PLANT	662,300	1,272,928	1,935,228	-327,346	1,607,882		7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	36,318	114,128	150,446	327,346	477,792		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	251,652	101,789	353,441	0	353,441		8.00
9.00	00900	HOUSEKEEPING	429,492	116,226	545,718	0	545,718		9.00
10.00	01000	DIETARY	540,517	482,207	1,022,724	-503,756	518,968		10.00
11.00	01100	CAFETERIA	0	0	0	503,756	503,756		11.00
13.00	01300	NURSING ADMINISTRATION	513,982	84,621	598,603	-35,991	562,612		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	357,234	357,234	0	357,234		14.00
15.00	01500	PHARMACY	642,853	327,741	970,594	0	970,594		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	301,710	107,750	409,460	0	409,460		16.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	3,201,106	311,810	3,512,916	-648,271	2,864,645		30.00
31.00	03100	INTENSIVE CARE UNIT	15,249	5,587	20,836	40,898	61,734		31.00
43.00	04300	NURSERY	0	0	0	447,607	447,607		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	46,143	46,143		44.00
46.00	04600	OTHER LONG TERM CARE	1,662,126	188,016	1,850,142	-46,143	1,803,999		46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	2,052,073	852,367	2,904,440	0	2,904,440		50.00
51.00	05100	RECOVERY ROOM	363,447	23,622	387,069	0	387,069		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	186,913	186,913		52.00
53.00	05300	ANESTHESIOLOGY	1,976,989	176,091	2,153,080	36,490	2,189,570		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,677,127	1,776,821	3,453,948	-49,979	3,403,969		54.00
56.00	05600	RADIOISOTOPE	0	90,609	90,609	52,940	143,549		56.00
60.00	06000	LABORATORY	1,017,285	1,797,172	2,814,457	11,348	2,825,805		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	54,777	54,777	0	54,777		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	442,019	76,672	518,691	-26,322	492,369		65.00
66.00	06600	PHYSICAL THERAPY	1,320,010	103,693	1,423,703	0	1,423,703		66.00
67.00	06700	OCCUPATIONAL THERAPY	296,541	3,063	299,604	0	299,604		67.00
68.00	06800	SPEECH PATHOLOGY	240	64,020	64,260	0	64,260		68.00
69.00	06900	ELECTROCARDIOLOGY	0	47,823	47,823	26,322	74,145		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,261,644	1,261,644	0	1,261,644		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,831,116	3,831,116	0	3,831,116		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,872,306	1,872,306	0	1,872,306		73.00
73.01	07301	CARDIAC REHAB	72,460	3,397	75,857	0	75,857		73.01
73.02	07302	WOUND CARE	406,403	51,616	458,019	18,341	476,360		73.02
73.03	07303	SLEEP LAB	85,402	157,924	243,326	0	243,326		73.03
73.04	03950	DIETARY EDUCATION	0	0	0	76,255	76,255		73.04
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	10,389,394	2,324,940	12,714,334	1,690,048	14,404,382		88.00
90.00	09000	CLINIC	258,159	35,744	293,903	0	293,903		90.00
90.01	09001	GERI PSYCH CLINIC	221,687	148,103	369,790	0	369,790		90.01
90.02	09002	ORTHO AND CARDIO CLINIC	2,308,380	1,778,138	4,086,518	-3,899,579	186,939		90.02

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 14-1317		Period: From 10/01/2018 To 09/30/2019		Worksheet A Date/Time Prepared: 2/26/2020 12:45 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)			
			1.00	2.00	3.00	4.00	5.00			
90.03	09003	GENERAL SURGERY CLINIC	1,254,198	264,498	1,518,696	-1,450,308	68,388	90.03		
90.04	09004	GAPC AND #3 CLINIC	1,249,728	231,909	1,481,637	-1,412,122	69,515	90.04		
91.00	09100	EMERGENCY	1,387,982	2,208,489	3,596,471	0	3,596,471	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00		
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00		
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES	1,903,339	242,219	2,145,558	65,475	2,211,033	95.00		
SPECIAL PURPOSE COST CENTERS										
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	44,589,393	52,606,776	97,196,169	-6,917,267	90,278,902	118.00		
NONREIMBURSABLE COST CENTERS										
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00		
192.01	19201	GAH - MSO	0	0	0	0	0	192.01		
192.02	19202	GAH FOUNDATION	84,855	342,664	427,519	0	427,519	192.02		
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00		
194.01	07951	PHYSICIAN OFFICE	0	0	0	810,991	810,991	194.01		
194.02	07952	PLASTIC SURG & DR. CHUNG	291,995	29,975	321,970	639,317	961,287	194.02		
194.03	07953	WELLNESS CENTER	134,891	17,602	152,493	0	152,493	194.03		
194.04	07954	PSYCH CLINIC	1,196,677	909,215	2,105,892	-317,132	1,788,760	194.04		
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05		
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06		
194.07	07957	PAIN CLINIC	160,509	16,188	176,697	0	176,697	194.07		
194.08	07958	340B PHARMACY	0	189,414	189,414	0	189,414	194.08		
194.09	07959	GAH CARDIOLOGY	0	0	0	620,246	620,246	194.09		
194.10	07960	WIC	129,639	6,574	136,213	0	136,213	194.10		
194.11	07961	PULMONARY CLINIC	129,774	343,944	473,718	0	473,718	194.11		
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	11,797	20,667	32,464	0	32,464	194.12		
194.13	07963	PODIATRY	0	0	0	0	0	194.13		
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14		
194.15	07965	ORTHO CLINIC	0	0	0	3,279,333	3,279,333	194.15		
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16		
194.17	07967	ELITE PERFORMANCE	1,802,845	187,141	1,989,986	52,418	2,042,404	194.17		
194.18	07968	GAFM	314,250	116,503	430,753	4,974	435,727	194.18		
194.19	07969	GAPC	0	0	0	515,917	515,917	194.19		
194.20	07970	FHCF	57,123	24,569	81,692	9,810	91,502	194.20		
194.21	07971	FAMILY H.C. FAIRBURY	329,423	140,977	470,400	46,236	516,636	194.21		
194.22	07972	GIBSON HEALTH OF WATSEKA	378,094	288,062	666,156	0	666,156	194.22		
194.23	07973	WEEKEND CLINIC AT GAH	181,805	6,207	188,012	0	188,012	194.23		
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	896,205	896,205	194.24		
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	358,656	358,656	194.25		
194.26	07976	DENTAL CLINIC	308,810	431,972	740,782	0	740,782	194.26		
194.27	07977	RETAIL PHARMACY	130,876	635,765	766,641	296	766,937	194.27		
200.00		TOTAL (SUM OF LINES 118 through 199)	50,232,756	56,314,215	106,546,971	0	106,546,971	200.00		

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet A

Date/Time Prepared:
2/26/2020 12:45 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	-70,528	1,131,914	1.00
1.01	00101	OB UNIT - BLDG & FIXT	-12,018	297,966	1.01
1.02	00102	B&F - ONARGA RHC	0	13,929	1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN	0	15,351	1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC	0	84,638	1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC	0	15,937	1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	0	156,264	1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	0	51,720	1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	0	11,744	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	0	796	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	6,146	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	6,836	1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	24,814	1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	35,832	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	0	6,685	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	0	6,578	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	10,836	1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	0	1,733	1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	0	14,372	1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	29,665	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	32,568	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	9,671	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	12,878	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-48,892	2,904,241	2.00
3.00	00300	OTHER CAP REL COSTS	-192,914	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-638,268	13,814,075	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,704,876	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	-1,385,889	11,509,285	5.02
7.00	00700	OPERATION OF PLANT	0	1,607,882	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	477,792	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	-90,868	262,573	8.00
9.00	00900	HOUSEKEEPING	0	545,718	9.00
10.00	01000	DIETARY	0	518,968	10.00
11.00	01100	CAFETERIA	-111,054	392,702	11.00
13.00	01300	NURSING ADMINISTRATION	0	562,612	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	357,234	14.00
15.00	01500	PHARMACY	0	970,594	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-3,451	406,009	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-70,932	2,793,713	30.00
31.00	03100	INTENSIVE CARE UNIT	0	61,734	31.00
43.00	04300	NURSERY	0	447,607	43.00
44.00	04400	SKILLED NURSING FACILITY	0	46,143	44.00
46.00	04600	OTHER LONG TERM CARE	0	1,803,999	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,904,440	50.00
51.00	05100	RECOVERY ROOM	0	387,069	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	186,913	52.00
53.00	05300	ANESTHESIOLOGY	-2,219,831	-30,261	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-752,811	2,651,158	54.00
56.00	05600	RADIOISOTOPE	0	143,549	56.00
60.00	06000	LABORATORY	-689,090	2,136,715	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	54,777	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	492,369	65.00
66.00	06600	PHYSICAL THERAPY	0	1,423,703	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	299,604	67.00
68.00	06800	SPEECH PATHOLOGY	0	64,260	68.00
69.00	06900	ELECTROCARDIOLOGY	-39,530	34,615	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,261,644	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,831,116	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,872,306	73.00
73.01	07301	CARDIAC REHAB	0	75,857	73.01
73.02	07302	WOUND CARE	0	476,360	73.02
73.03	07303	SLEEP LAB	0	243,326	73.03
73.04	03950	DIETARY EDUCATION	0	76,255	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	-308,478	14,095,904	88.00
90.00	09000	CLINIC	0	293,903	90.00
90.01	09001	GERI PSYCH CLINIC	-33,140	336,650	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	-150,140	36,799	90.02
90.03	09003	GENERAL SURGERY CLINIC	-55,378	13,010	90.03

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet A
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
90.04	09004	GAPC AND #3 CLINIC	-50,103	19,412	90.04
91.00	09100	EMERGENCY	-1,175,876	2,420,595	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-236,178	1,974,855	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-8,335,369	81,943,533	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.01	19201	GAH - MSO	0	0	192.01
192.02	19202	GAH FOUNDATION	0	427,519	192.02
194.00	07950	FALCON POINT RENTAL	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	810,991	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	961,287	194.02
194.03	07953	WELLNESS CENTER	0	152,493	194.03
194.04	07954	PSYCH CLINIC	0	1,788,760	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	194.05
194.06	07956	LASER CLINIC	0	0	194.06
194.07	07957	PAIN CLINIC	0	176,697	194.07
194.08	07958	340B PHARMACY	0	189,414	194.08
194.09	07959	GAH CARDIOLOGY	0	620,246	194.09
194.10	07960	WIC	0	136,213	194.10
194.11	07961	PULMONARY CLINIC	0	473,718	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	32,464	194.12
194.13	07963	PODIATRY	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	194.14
194.15	07965	ORTHO CLINIC	0	3,279,333	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	2,042,404	194.17
194.18	07968	GAFM	0	435,727	194.18
194.19	07969	GAPC	0	515,917	194.19
194.20	07970	FHCF	0	91,502	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	516,636	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	666,156	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	188,012	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	896,205	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	358,656	194.25
194.26	07976	DENTAL CLINIC	0	740,782	194.26
194.27	07977	RETAIL PHARMACY	0	766,937	194.27
200.00		TOTAL (SUM OF LINES 118 through 199)	-8,335,369	98,211,602	200.00

RECLASSIFICATIONS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6

Date/Time Prepared:
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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - INTEREST RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	199,936		1.00
2.00	OB UNIT - BLDG & FIXT	1.01	0	106,928		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	374,942		3.00
4.00	RURAL HEALTH CLINIC	88.00	0	121,688		4.00
5.00	AMBULANCE SERVICES	95.00	0	7,758		5.00
6.00	GIBSON HEALTH OF MAHOMET	194.25	0	63,415		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,961		7.00
	TOTALS		0	877,628		
	B - CAFETERIA					
1.00	CAFETERIA	11.00	266,239	237,517		1.00
	TOTALS		266,239	237,517		
	C - OBSTETRICS					
1.00	NURSERY	43.00	394,427	53,180		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	164,706	22,207		2.00
	TOTALS		559,133	75,387		
	D - SNF DIRECT CARE COST					
1.00	SKILLED NURSING FACILITY	44.00	41,454	4,689		1.00
	TOTALS		41,454	4,689		
	E - BOND AMORT COST					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	918		1.00
	TOTALS		0	918		
	F - MME, OB, & OFFSITE BLDG DEPR					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,513,835		1.00
2.00	OB UNIT - BLDG & FIXT	1.01	0	203,056		2.00
	TOTALS		0	2,716,891		
	G - CAPITAL INSURANCE EXP					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	180,921		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	63,438		2.00
	TOTALS		0	244,359		
	H - NUCLEAR MED & EKG TECH SALARY					
1.00	RADIOISOTOPE	56.00	52,940	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	26,322	0		2.00
	TOTALS		79,262	0		
	I - AMBULANCE BILLING COST					
1.00	AMBULANCE SERVICES	95.00	0	57,717		1.00
	TOTALS		0	57,717		
	J - PHYSICIAN COSTS					
1.00	ADULTS & PEDIATRICS	30.00	0	13,210		1.00
	TOTALS		0	13,210		
	K - DIETARY EDUCATION					
1.00	DIETARY EDUCATION	73.04	0	76,255		1.00
	TOTALS		0	76,255		
	L - PRACTITIONERS BENEFITS					
1.00	NURSING ADMINISTRATION	13.00	0	40,264		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	13,937		2.00
4.00	ANESTHESIOLOGY	53.00	0	36,490		4.00
6.00	WOUND CARE	73.02	0	18,341		6.00
7.00	RURAL HEALTH CLINIC	88.00	0	842,395		7.00
	TOTALS		0	951,427		
	M - OFFSITE UTILITIES					
1.00	OPERATION OF PLANT-OUTSIDE PROPERTY	7.01	0	327,346		1.00
	TOTALS		0	327,346		
	N - A&P FLOAT TO ICU					
1.00	INTENSIVE CARE UNIT	31.00	40,898	0		1.00
	TOTALS		40,898	0		
	O - OFFSITE BLDG DEPR					
1.00	B&F - FARMER CITY RURAL HEALTH CLIN	1.04	0	15,351		1.00
2.00	B&F - HOOPESTON RURAL HEALTH CLINIC	1.05	0	84,638		2.00
3.00	B&F - FORREST RURAL HEALTH CLINIC	1.07	0	15,937		3.00
4.00	B&F - PAXTON RURAL HEALTH CLINIC	1.09	0	156,264		4.00
5.00	B&F - MAHOMET SPECIALTY CLINIC	1.10	0	51,720		5.00
6.00	B&F - POTOMAC RURAL HEALTH CLINIC	1.11	0	11,744		6.00
7.00	B&F - PAXTON WELLNESS CENTER	1.12	0	796		7.00
8.00	B&F - PAXTON AMBULANCE STATION	1.14	0	6,146		8.00

RECLASSIFICATIONS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6

Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
9.00	B&F - AMBULANCE STAFF RESIDENCE	1.15	0	6,836	9.00
10.00	B&F - AMBULANCE BUILDING	1.16	0	24,814	10.00
11.00	B&F - # 10 DOCTOR'S PARK	1.17	0	35,832	11.00
12.00	B&F - COSMETOLOGY OFFICE	1.18	0	6,685	12.00
13.00	B&F - ANESTHESIA HOUSE	1.19	0	6,578	13.00
14.00	B&F - #7 DOCTOR'S PARK	1.20	0	10,836	14.00
15.00	B&F - #4 DOCTOR'S PARK	1.21	0	1,733	15.00
16.00	B&F - #8 DOCTOR'S PARK	1.22	0	14,372	16.00
17.00	B&F - HARMS HOUSE/IT	1.25	0	29,665	17.00
18.00	B&F - 9TH ST. EDUCATION HOUSE	1.26	0	32,568	18.00
19.00	B&F - FALCON POINT RESIDENCE	1.27	0	9,671	19.00
20.00	B&F - 2012 NEW STORAGE SHED	1.28	0	12,878	20.00
21.00	ALL OTHER ADMIN & GENERAL	5.02	0	29,069	21.00
22.00	B&F - ONARGA RHC	1.02	0	13,929	22.00
23.00	RURAL HEALTH CLINIC	88.00	0	3,373	23.00
24.00	FAMILY H.C. FAIRBURY	194.21	0	46,236	24.00
25.00	ELITE PERFORMANCE	194.17	0	52,418	25.00
26.00	FHCF	194.20	0	9,810	26.00
27.00	GAFM	194.18	0	4,974	27.00
28.00	RETAIL PHARMACY	194.27	0	296	28.00
	TOTALS		0	695,169	
P - LAB SERVICES BILLED					
1.00	LABORATORY	60.00	0	11,348	1.00
	TOTALS		0	11,348	
Q - BWC VISITS RHC					
1.00	RURAL HEALTH CLINIC	88.00	304,421	12,711	1.00
	TOTALS		304,421	12,711	
R - RECLASS MAHOMET CLINIC NRCC COSTS					
1.00	GIBSON HEALTH OF MAHOMET	194.25	252,101	43,140	1.00
	TOTALS		252,101	43,140	
S - VARIOUS PROVIDER BASED CLINIC RECLAS					
1.00	ORTHO CLINIC	194.15	1,803,573	1,475,760	1.00
2.00	GAH CARDIOLOGY	194.09	408,054	212,192	2.00
3.00	PHYSICIAN OFFICE	194.01	694,196	116,795	3.00
4.00	PLASTIC SURG & DR. CHUNG	194.02	508,015	131,302	4.00
5.00	#3 CLINIC (DR. DELOST)	194.24	764,697	131,508	5.00
6.00	GAPC	194.19	424,914	91,003	6.00
	TOTALS		4,603,449	2,158,560	
T - RHC BILLING/COLLECTIONS					
1.00	RURAL HEALTH CLINIC	88.00	364,052	347,997	1.00
	TOTALS		364,052	347,997	
500.00	Grand Total: Increases		6,511,009	8,852,269	500.00

RECLASSIFICATIONS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6

Date/Time Prepared:
2/26/2020 12:45 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - INTEREST RECLASS						
1.00	ALL OTHER ADMIN & GENERAL	5.02	0	877,628	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	11		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
	TOTALS		0	877,628			
	B - CAFETERIA						
1.00	DIETARY	10.00	266,239	237,517	0		1.00
	TOTALS		266,239	237,517			
	C - OBSTETRICS						
1.00	ADULTS & PEDIATRICS	30.00	559,133	75,387	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		559,133	75,387			
	D - SNF DIRECT CARE COST						
1.00	OTHER LONG TERM CARE	46.00	41,454	4,689	0		1.00
	TOTALS		41,454	4,689			
	E - BOND AMORT COST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	918	14		1.00
	TOTALS		0	918			
	F - MME, OB, & OFFSITE BLDG DEPR						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,513,835	11		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	203,056	9		2.00
	TOTALS		0	2,716,891			
	G - CAPITAL INSURANCE EXP						
1.00	ALL OTHER ADMIN & GENERAL	5.02	0	244,359	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	244,359			
	H - NUCLEAR MED & EKG TECH SALARY						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	52,940	0	0		1.00
2.00	RESPIRATORY THERAPY	65.00	26,322	0	0		2.00
	TOTALS		79,262	0			
	I - AMBULANCE BILLING COST						
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.01	0	57,717	0		1.00
	TOTALS		0	57,717			
	J - PHYSICIAN COSTS						
1.00	ALL OTHER ADMIN & GENERAL	5.02	0	13,210	0		1.00
	TOTALS		0	13,210			
	K - DIETARY EDUCATION						
1.00	NURSING ADMINISTRATION	13.00	0	76,255	0		1.00
	TOTALS		0	76,255			
	L - PRACTITIONERS BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	951,427	0		1.00
2.00		0.00	0	0	0		2.00
4.00		0.00	0	0	0		4.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
	TOTALS		0	951,427			
	M - OFFSITE UTILITIES						
1.00	OPERATION OF PLANT	7.00	0	327,346	0		1.00
	TOTALS		0	327,346			
	N - A&P FLOAT TO ICU						
1.00	ADULTS & PEDIATRICS	30.00	40,898	0	0		1.00
	TOTALS		40,898	0			
	O - OFFSITE BLDG DEPR						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	695,169	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
8.00		0.00	0	0	9		8.00
9.00		0.00	0	0	9		9.00
10.00		0.00	0	0	9		10.00
11.00		0.00	0	0	9		11.00
12.00		0.00	0	0	9		12.00
13.00		0.00	0	0	9		13.00
14.00		0.00	0	0	9		14.00
15.00		0.00	0	0	9		15.00
16.00		0.00	0	0	9		16.00

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Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6

Date/Time Prepared:
2/26/2020 12:45 pm

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
17.00		0.00	0	0	9		17.00
18.00		0.00	0	0	9		18.00
19.00		0.00	0	0	9		19.00
20.00		0.00	0	0	9		20.00
21.00		0.00	0	0	9		21.00
22.00		0.00	0	0	9		22.00
23.00		0.00	0	0	9		23.00
24.00		0.00	0	0	9		24.00
25.00		0.00	0	0	9		25.00
26.00		0.00	0	0	9		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
TOTALS			0	695,169			
P - LAB SERVICES BILLED							
1.00	RURAL HEALTH CLINIC	88.00	0	11,348	0		1.00
TOTALS			0	11,348			
Q - BWC VISITS RHC							
1.00	PSYCH CLINIC	194.04	304,421	12,711	0		1.00
TOTALS			304,421	12,711			
R - RECLASS MAHOMET CLINIC NRCC COSTS							
1.00	RURAL HEALTH CLINIC	88.00	252,101	43,140	0		1.00
TOTALS			252,101	43,140			
S - VARIOUS PROVIDER BASED CLINIC RECLAS							
1.00	ORTHO AND CARDIO CLINIC	90.02	2,211,627	1,687,952	0		1.00
2.00	GENERAL SURGERY CLINIC	90.03	1,202,210	248,098	0		2.00
3.00	GAPC AND #3 CLINIC	90.04	1,189,612	222,510	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
TOTALS			4,603,449	2,158,560			
T - RHC BILLING/COLLECTIONS							
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.01	364,052	347,997	0		1.00
TOTALS			364,052	347,997			
500.00	Grand Total: Decreases		6,511,009	8,852,269			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part I
Date/Time Prepared:
2/26/2020 12:45 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,102,242	49,829	0	49,829	0	1.00
2.00	Land Improvements	1,983,569	90,533	0	90,533	0	2.00
3.00	Buildings and Fixtures	44,743,741	2,094,653	0	2,094,653	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	24,278,198	3,907,968	0	3,907,968	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	72,107,750	6,142,983	0	6,142,983	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	72,107,750	6,142,983	0	6,142,983	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,152,071	0				1.00
2.00	Land Improvements	2,074,102	0				2.00
3.00	Buildings and Fixtures	46,838,394	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	28,186,166	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	78,250,733	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	78,250,733	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part II
Date/Time Prepared:
2/26/2020 12:45 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	4,234,563	0	0	0	0	1.00	
1.01	OB UNIT - BLDG & FIXT	0	0	0	0	0	1.01	
1.02	B&F - ONARGA RHC	0	0	0	0	0	1.02	
1.04	B&F - FARMER CITY RURAL HEALTH CLIN	0	0	0	0	0	1.04	
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	0	0	1.05	
1.07	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	0	0	1.07	
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	0	0	1.09	
1.10	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	0	0	1.10	
1.11	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	0	0	1.11	
1.12	B&F - PAXTON WELLNESS CENTER	0	0	0	0	0	1.12	
1.14	B&F - PAXTON AMBULANCE STATION	0	0	0	0	0	1.14	
1.15	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	0	1.15	
1.16	B&F - AMBULANCE BUILDING	0	0	0	0	0	1.16	
1.17	B&F - # 10 DOCTOR'S PARK	0	0	0	0	0	1.17	
1.18	B&F - COSMETOLOGY OFFICE	0	0	0	0	0	1.18	
1.19	B&F - ANESTHESIA HOUSE	0	0	0	0	0	1.19	
1.20	B&F - #7 DOCTOR'S PARK	0	0	0	0	0	1.20	
1.21	B&F - #4 DOCTOR'S PARK	0	0	0	0	0	1.21	
1.22	B&F - #8 DOCTOR'S PARK	0	0	0	0	0	1.22	
1.25	B&F - HARMS HOUSE/IT	0	0	0	0	0	1.25	
1.26	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1.26	
1.27	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1.27	
1.28	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1.28	
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00	
3.00	Total (sum of lines 1-2)	4,234,563	0	0	0	0	3.00	
Cost Center Description		SUMMARY OF CAPITAL						
		Other Capital-Relat ed 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	4,234,563				1.00	
1.01	OB UNIT - BLDG & FIXT	0	0				1.01	
1.02	B&F - ONARGA RHC	0	0				1.02	
1.04	B&F - FARMER CITY RURAL HEALTH CLIN	0	0				1.04	
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0				1.05	
1.07	B&F - FORREST RURAL HEALTH CLINIC	0	0				1.07	
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0				1.09	
1.10	B&F - MAHOMET SPECIALTY CLINIC	0	0				1.10	
1.11	B&F - POTOMAC RURAL HEALTH CLINIC	0	0				1.11	
1.12	B&F - PAXTON WELLNESS CENTER	0	0				1.12	
1.14	B&F - PAXTON AMBULANCE STATION	0	0				1.14	
1.15	B&F - AMBULANCE STAFF RESIDENCE	0	0				1.15	
1.16	B&F - AMBULANCE BUILDING	0	0				1.16	
1.17	B&F - # 10 DOCTOR'S PARK	0	0				1.17	
1.18	B&F - COSMETOLOGY OFFICE	0	0				1.18	
1.19	B&F - ANESTHESIA HOUSE	0	0				1.19	
1.20	B&F - #7 DOCTOR'S PARK	0	0				1.20	
1.21	B&F - #4 DOCTOR'S PARK	0	0				1.21	
1.22	B&F - #8 DOCTOR'S PARK	0	0				1.22	
1.25	B&F - HARMS HOUSE/IT	0	0				1.25	
1.26	B&F - 9TH ST. EDUCATION HOUSE	0	0				1.26	
1.27	B&F - FALCON POINT RESIDENCE	0	0				1.27	
1.28	B&F - 2012 NEW STORAGE SHED	0	0				1.28	
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00	
3.00	Total (sum of lines 1-2)	0	4,234,563				3.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part III
Date/Time Prepared:
2/26/2020 12:45 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	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	50,064,567	0	50,064,567	0.639797	0	1.00
1.01	OB UNIT - BLDG & FIXT	0	0	0	0.000000	0	1.01
1.02	B&F - ONARGA RHC	0	0	0	0.000000	0	1.02
1.04	B&F - FARMER CITY RURAL HEALTH CLIN	0	0	0	0.000000	0	1.04
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	0.000000	0	1.05
1.07	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	0.000000	0	1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	0.000000	0	1.09
1.10	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	0.000000	0	1.10
1.11	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	0.000000	0	1.11
1.12	B&F - PAXTON WELLNESS CENTER	0	0	0	0.000000	0	1.12
1.14	B&F - PAXTON AMBULANCE STATION	0	0	0	0.000000	0	1.14
1.15	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0.000000	0	1.15
1.16	B&F - AMBULANCE BUILDING	0	0	0	0.000000	0	1.16
1.17	B&F - # 10 DOCTOR'S PARK	0	0	0	0.000000	0	1.17
1.18	B&F - COSMETOLOGY OFFICE	0	0	0	0.000000	0	1.18
1.19	B&F - ANESTHESIA HOUSE	0	0	0	0.000000	0	1.19
1.20	B&F - #7 DOCTOR'S PARK	0	0	0	0.000000	0	1.20
1.21	B&F - #4 DOCTOR'S PARK	0	0	0	0.000000	0	1.21
1.22	B&F - #8 DOCTOR'S PARK	0	0	0	0.000000	0	1.22
1.25	B&F - HARMS HOUSE/IT	0	0	0	0.000000	0	1.25
1.26	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0.000000	0	1.26
1.27	B&F - FALCON POINT RESIDENCE	0	0	0	0.000000	0	1.27
1.28	B&F - 2012 NEW STORAGE SHED	0	0	0	0.000000	0	1.28
2.00	CAP REL COSTS-MVBLE EQUIP	28,186,166	0	28,186,166	0.360203	0	2.00
3.00	Total (sum of lines 1-2)	78,250,733	0	78,250,733	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	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,288,282	0	1.00
1.01	OB UNIT - BLDG & FIXT	0	0	0	203,056	0	1.01
1.02	B&F - ONARGA RHC	0	0	0	13,929	0	1.02
1.04	B&F - FARMER CITY RURAL HEALTH CLIN	0	0	0	15,351	0	1.04
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	84,638	0	1.05
1.07	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	15,937	0	1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	156,264	0	1.09
1.10	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	51,720	0	1.10
1.11	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	11,744	0	1.11
1.12	B&F - PAXTON WELLNESS CENTER	0	0	0	796	0	1.12
1.14	B&F - PAXTON AMBULANCE STATION	0	0	0	6,146	0	1.14
1.15	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	6,836	0	1.15
1.16	B&F - AMBULANCE BUILDING	0	0	0	24,814	0	1.16
1.17	B&F - # 10 DOCTOR'S PARK	0	0	0	35,832	0	1.17
1.18	B&F - COSMETOLOGY OFFICE	0	0	0	6,685	0	1.18
1.19	B&F - ANESTHESIA HOUSE	0	0	0	6,578	0	1.19
1.20	B&F - #7 DOCTOR'S PARK	0	0	0	10,836	0	1.20
1.21	B&F - #4 DOCTOR'S PARK	0	0	0	1,733	0	1.21
1.22	B&F - #8 DOCTOR'S PARK	0	0	0	14,372	0	1.22
1.25	B&F - HARMS HOUSE/IT	0	0	0	29,665	0	1.25
1.26	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	32,568	0	1.26
1.27	B&F - FALCON POINT RESIDENCE	0	0	0	9,671	0	1.27
1.28	B&F - 2012 NEW STORAGE SHED	0	0	0	12,878	0	1.28
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	-6,749	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,033,582	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part III
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Relat ed Costs (see instructions)	Total (2) (sum of 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	-2,336,371	180,921	0	-918	1,131,914	1.00
1.01	OB UNIT - BLDG & FIXT	94,910	0	0	0	297,966	1.01
1.02	B&F - ONARGA RHC	0	0	0	0	13,929	1.02
1.04	B&F - FARMER CITY RURAL HEALTH CLIN	0	0	0	0	15,351	1.04
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	0	84,638	1.05
1.07	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	0	15,937	1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	0	156,264	1.09
1.10	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	0	51,720	1.10
1.11	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	0	11,744	1.11
1.12	B&F - PAXTON WELLNESS CENTER	0	0	0	0	796	1.12
1.14	B&F - PAXTON AMBULANCE STATION	0	0	0	0	6,146	1.14
1.15	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	6,836	1.15
1.16	B&F - AMBULANCE BUILDING	0	0	0	0	24,814	1.16
1.17	B&F - # 10 DOCTOR'S PARK	0	0	0	0	35,832	1.17
1.18	B&F - COSMETOLOGY OFFICE	0	0	0	0	6,685	1.18
1.19	B&F - ANESTHESIA HOUSE	0	0	0	0	6,578	1.19
1.20	B&F - #7 DOCTOR'S PARK	0	0	0	0	10,836	1.20
1.21	B&F - #4 DOCTOR'S PARK	0	0	0	0	1,733	1.21
1.22	B&F - #8 DOCTOR'S PARK	0	0	0	0	14,372	1.22
1.25	B&F - HARMS HOUSE/IT	0	0	0	0	29,665	1.25
1.26	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	32,568	1.26
1.27	B&F - FALCON POINT RESIDENCE	0	0	0	0	9,671	1.27
1.28	B&F - 2012 NEW STORAGE SHED	0	0	0	0	12,878	1.28
2.00	CAP REL COSTS-MVBLE EQUIP	2,846,634	63,438	0	918	2,904,241	2.00
3.00	Total (sum of lines 1-2)	605,173	244,359	0	0	4,883,114	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8

Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				3.00	4.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - OB UNIT - BLDG & FIXT (chapter 2)			0OB UNIT - BLDG & FIXT	1.01	0	1.01
1.02	Investment income - B&F - ONARGA RHC (chapter 2)			0B&F - ONARGA RHC	1.02	0	1.02
1.04	Investment income - B&F - FARMER CITY RURAL HEALTH CLIN (chapter 2)			0B&F - FARMER CITY RURAL HEALTH CLIN	1.04	0	1.04
1.05	Investment income - B&F - HOOPESTON RURAL HEALTH CLINIC (chapter 2)			0B&F - HOOPESTON RURAL HEALTH CLINIC	1.05	0	1.05
1.07	Investment income - B&F - FORREST RURAL HEALTH CLINIC (chapter 2)			0B&F - FORREST RURAL HEALTH CLINIC	1.07	0	1.07
1.09	Investment income - B&F - PAXTON RURAL HEALTH CLINIC (chapter 2)			0B&F - PAXTON RURAL HEALTH CLINIC	1.09	0	1.09
1.10	Investment income - B&F - MAHOMET SPECIALTY CLINIC (chapter 2)			0B&F - MAHOMET SPECIALTY CLINIC	1.10	0	1.10
1.11	Investment income - B&F - POTOMAC RURAL HEALTH CLINIC (chapter 2)			0B&F - POTOMAC RURAL HEALTH CLINIC	1.11	0	1.11
1.12	Investment income - B&F - PAXTON WELLNESS CENTER (chapter 2)			0B&F - PAXTON WELLNESS CENTER	1.12	0	1.12
1.14	Investment income - B&F - PAXTON AMBULANCE STATION (chapter 2)			0B&F - PAXTON AMBULANCE STATION	1.14	0	1.14
1.15	Investment income - B&F - AMBULANCE STAFF RESIDENCE (chapter 2)			0B&F - AMBULANCE STAFF RESIDENCE	1.15	0	1.15
1.16	Investment income - B&F - AMBULANCE BUILDING (chapter 2)			0B&F - AMBULANCE BUILDING	1.16	0	1.16
1.17	Investment income - B&F - # 10 DOCTOR'S PARK (chapter 2)			0B&F - # 10 DOCTOR'S PARK	1.17	0	1.17
1.18	Investment income - B&F - COSMETOLOGY OFFICE (chapter 2)			0B&F - COSMETOLOGY OFFICE	1.18	0	1.18
1.19	Investment income - B&F - ANESTHESIA HOUSE (chapter 2)			0B&F - ANESTHESIA HOUSE	1.19	0	1.19
1.20	Investment income - B&F - #7 DOCTOR'S PARK (chapter 2)			0B&F - #7 DOCTOR'S PARK	1.20	0	1.20
1.21	Investment income - B&F - #4 DOCTOR'S PARK (chapter 2)			0B&F - #4 DOCTOR'S PARK	1.21	0	1.21
1.22	Investment income - B&F - #8 DOCTOR'S PARK (chapter 2)			0B&F - #8 DOCTOR'S PARK	1.22	0	1.22
1.25	Investment income - B&F - HARMS HOUSE/IT (chapter 2)			0B&F - HARMS HOUSE/IT	1.25	0	1.25
1.26	Investment income - B&F - 9TH ST. EDUCATION HOUSE (chapter 2)			0B&F - 9TH ST. EDUCATION HOUSE	1.26	0	1.26
1.27	Investment income - B&F - FALCON POINT RESIDENCE (chapter 2)			0B&F - FALCON POINT RESIDENCE	1.27	0	1.27
1.28	Investment income - B&F - 2012 NEW STORAGE SHED (chapter 2)			0B&F - 2012 NEW STORAGE SHED	1.28	0	1.28
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00

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ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8

Date/Time Prepared:
2/26/2020 12:45 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 #		
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-28,335	ALL OTHER ADMIN & GENERAL	5.02	0	7.00
8.00	Television and radio service (chapter 21)	A	-30,570	ALL OTHER ADMIN & GENERAL	5.02	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,061,667			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - OB UNIT - BLDG & FIXT		0	OB UNIT - BLDG & FIXT	1.01	0	26.01
26.02	Depreciation - B&F - ONARGA RHC		0	B&F - ONARGA RHC	1.02	0	26.02
26.04	Depreciation - B&F - FARMER CITY RURAL HEALTH CLIN		0	B&F - FARMER CITY RURAL HEALTH CLIN	1.04	0	26.04
26.05	Depreciation - B&F - HOOPESTON RURAL HEALTH CLINIC		0	B&F - HOOPESTON RURAL HEALTH CLINIC	1.05	0	26.05
26.07	Depreciation - B&F - FORREST RURAL HEALTH CLINIC		0	B&F - FORREST RURAL HEALTH CLINIC	1.07	0	26.07
26.09	Depreciation - B&F - PAXTON RURAL HEALTH CLINIC		0	B&F - PAXTON RURAL HEALTH CLINIC	1.09	0	26.09
26.10	Depreciation - B&F - MAHOMET SPECIALTY CLINIC		0	B&F - MAHOMET SPECIALTY CLINIC	1.10	0	26.10
26.11	Depreciation - B&F - POTOMAC RURAL HEALTH CLINIC		0	B&F - POTOMAC RURAL HEALTH CLINIC	1.11	0	26.11
26.12	Depreciation - B&F - PAXTON WELLNESS CENTER		0	B&F - PAXTON WELLNESS CENTER	1.12	0	26.12
26.14	Depreciation - B&F - PAXTON AMBULANCE STATION		0	B&F - PAXTON AMBULANCE STATION	1.14	0	26.14
26.15	Depreciation - B&F - AMBULANCE STAFF RESIDENCE		0	B&F - AMBULANCE STAFF RESIDENCE	1.15	0	26.15

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8

Date/Time Prepared:
2/26/2020 12:45 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	
26.16	Depreciation - B&F - AMBULANCE BUILDING	A-8-3		0 B&F - AMBULANCE BUILDING	1.16	0	26.16
26.17	Depreciation - B&F - # 10 DOCTOR'S PARK		0 B&F - # 10 DOCTOR'S PARK	1.17	0	26.17	
26.18	Depreciation - B&F - COSMETOLOGY OFFICE		0 B&F - COSMETOLOGY OFFICE	1.18	0	26.18	
26.19	Depreciation - B&F - ANESTHESIA HOUSE		0 B&F - ANESTHESIA HOUSE	1.19	0	26.19	
26.20	Depreciation - B&F - #7 DOCTOR'S PARK		0 B&F - #7 DOCTOR'S PARK	1.20	0	26.20	
26.21	Depreciation - B&F - #4 DOCTOR'S PARK		0 B&F - #4 DOCTOR'S PARK	1.21	0	26.21	
26.22	Depreciation - B&F - #8 DOCTOR'S PARK		0 B&F - #8 DOCTOR'S PARK	1.22	0	26.22	
26.25	Depreciation - B&F - HARMS HOUSE/IT		0 B&F - HARMS HOUSE/IT	1.25	0	26.25	
26.26	Depreciation - B&F - 9TH ST. EDUCATION HOUSE		0 B&F - 9TH ST. EDUCATION HOUSE	1.26	0	26.26	
26.27	Depreciation - B&F - FALCON POINT RESIDENCE		0 B&F - FALCON POINT RESIDENCE	1.27	0	26.27	
26.28	Depreciation - B&F - 2012 NEW STORAGE SHED		0 B&F - 2012 NEW STORAGE SHED	1.28	0	26.28	
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0 CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00	
28.00	Non-physician Anesthetist		0 *** Cost Center Deleted ***	19.00		28.00	
29.00	Physicians' assistant		0	0.00	0	29.00	
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	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)	0 SPEECH PATHOLOGY	68.00		31.00		
32.00	CAH HIT Adjustment for Depreciation and Interest	A	-6,749	CAP REL COSTS-MVBLE EQUIP	2.00	9	32.00
33.00	A&G MISC REV	B	-3,541	ALL OTHER ADMIN & GENERAL	5.02	0	33.00
33.01	DR BARK DIRECTOR FEES	B	-132,900	RURAL HEALTH CLINIC	88.00	0	33.01
33.02	PAXTON HEALTHCARE OTHER REV	B		0 RURAL HEALTH CLINIC	88.00	0	33.02
33.03	HOUSE RENT	A		0 ANESTHESIOLOGY	53.00	0	33.03
33.04	SCHOOL NURSING INCOME	B	-106,310	ALL OTHER ADMIN & GENERAL	5.02	0	33.04
33.05	HOSPICE MISC REV	B		0 ALL OTHER ADMIN & GENERAL	5.02	0	33.05
33.06	CAFE MISC REV	B	-111,054	CAFETERIA	11.00	0	33.06
33.07	LAUNDRY MISC REV	B	-90,868	LAUNDRY & LINEN SERVICE	8.00	0	33.07
33.08	MED RECORDS MISC REV	B	-3,451	MEDICAL RECORDS & LIBRARY	16.00	0	33.08
33.09	RENTAL INC - OPC	B	-48,056	CAP REL COSTS-BLDG & FIXT	1.00	9	33.09
33.10	INVEST INCOME - B&F	B	-22,472	CAP REL COSTS-BLDG & FIXT	1.00	11	33.10
33.11	INVEST INCOME - OB B&F	B	-12,018	OB UNIT - BLDG & FIXT	1.01	11	33.11
33.12	INVEST INCOME - MME	B	-42,143	CAP REL COSTS-MVBLE EQUIP	2.00	11	33.12
33.13	INVEST INCOME - A&G	B	-56,676	ALL OTHER ADMIN & GENERAL	5.02	0	33.13
33.14	INVEST INCOME - RAD	B	-333	RADIOLOGY-DIAGNOSTIC	54.00	0	33.14
33.15	INVEST INCOME - RHCS	B	-13,678	RURAL HEALTH CLINIC	88.00	0	33.15
33.16	INVEST INCOME - AMBULANCE	B	-872	AMBULANCE SERVICES	95.00	0	33.16
33.17	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.17
33.18	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.18
33.19	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.19
33.20	AMBULANCE CONTRACT REVENUE	B	-235,306	AMBULANCE SERVICES	95.00	0	33.20
33.21	AMORTIZATION OF GOODWILL	A	-192,914	OTHER CAP REL COSTS	3.00	0	33.21
33.22	INTERNALLY ALLOCATED RENT EXP - RHC	A	-38,240	RURAL HEALTH CLINIC	88.00	0	33.22
33.23	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.23
33.24	INTERNALLY ALLOCATED RENT EXP - PO	A		0 PHYSICIAN OFFICE	194.01	0	33.24

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ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8

Date/Time Prepared:
2/26/2020 12:45 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	
33.25	INTERNALLY ALLOCATED RENT EXP - PC	A		0 PLASTIC SURG & DR. CHUNG	194.02	0	33.25
33.26	INTERNALLY ALLOCATED RENT EXP - CLIN	A		0 PAIN CLINIC	194.07	0	33.26
33.27	INTERNALLY ALLOCATED RENT EXP - MAHO	A		0 MAHOMET SPECIALTY CLINIC	194.05	0	33.27
33.28	INTERNALLY ALLOCATED RENT EXP - CARD	A		0 GAH CARDIOLOGY	194.09	0	33.28
33.29	INTERNALLY ALLOCATED RENT EXP - PODI	A		0 PODIATRY	194.13	0	33.29
33.30	LOBBYING DUES	A	-21,433	ALL OTHER ADMIN & GENERAL	5.02	0	33.30
33.31	STATE PROVIDER TAX EXP	A	-3,774	ALL OTHER ADMIN & GENERAL	5.02	0	33.31
33.32	OP STATE PROVIDER TAX EXP	A	-382,299	ALL OTHER ADMIN & GENERAL	5.02	0	33.32
33.33	CRNA SALARIES	A	-1,976,989	ANESTHESIOLOGY	53.00	0	33.33
33.34	CRNA BENEFITS	A	-152,842	ANESTHESIOLOGY	53.00	0	33.34
33.35	PUBLIC RELATIONS OFFSET	A	-390,807	ALL OTHER ADMIN & GENERAL	5.02	0	33.35
33.36	GIBSON PHO EXP	A		0 ALL OTHER ADMIN & GENERAL	5.02	0	33.36
33.37	MISC DONATIONS (COMM ED)	A	-355,428	ALL OTHER ADMIN & GENERAL	5.02	0	33.37
33.38	PT B PHYSICIAN BENEFITS	A	-638,268	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.38
33.39	RHC DRS HOSP VISIT	A	-123,660	RURAL HEALTH CLINIC	88.00	0	33.39
33.40	PHYSICIAN RECRUITEMENT	A	-6,716	ALL OTHER ADMIN & GENERAL	5.02	0	33.40
33.41	CRNA CONTRACT FEES	A	-45,000	ANESTHESIOLOGY	53.00	0	33.41
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-8,335,369				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8-2

Date/Time Prepared:
2/26/2020 12:45 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	69.00	ELECTROCARDIOLOGY	39,530	39,530	0	0	0	1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	663,000	663,000	0	0	0	2.00
3.00	91.00	EMERGENCY	1,491,580	568,282	923,298	0	0	3.00
4.00	91.00	EMERGENCY	607,594	607,594	0	0	0	4.00
5.00	60.00	LABORATORY	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	80,853	80,853	0	0	0	6.00
7.00	90.01	GERI PSYCH CLINIC	33,140	33,140	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	45,000	45,000	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	70,932	70,932	0	0	0	9.00
10.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	8,625	8,625	0	0	0	11.00
12.00	60.00	LABORATORY	689,090	689,090	0	0	0	12.00
13.00	90.02	ORTHO AND CARDIO CLINIC	59,367	59,367	0	0	0	13.00
14.00	90.02	ORTHO AND CARDIO CLINIC	90,773	90,773	0	0	0	14.00
15.00	90.03	GENERAL SURGERY CLINIC	55,378	55,378	0	0	0	15.00
16.00	90.04	GAPC AND #3 CLINIC	50,103	50,103	0	0	0	16.00
200.00			3,984,965	3,061,667	923,298		0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	2.00
3.00	91.00	EMERGENCY	0	0	0	0	0	3.00
4.00	91.00	EMERGENCY	0	0	0	0	0	4.00
5.00	60.00	LABORATORY	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	90.01	GERI PSYCH CLINIC	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	9.00
10.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	11.00
12.00	60.00	LABORATORY	0	0	0	0	0	12.00
13.00	90.02	ORTHO AND CARDIO CLINIC	0	0	0	0	0	13.00
14.00	90.02	ORTHO AND CARDIO CLINIC	0	0	0	0	0	14.00
15.00	90.03	GENERAL SURGERY CLINIC	0	0	0	0	0	15.00
16.00	90.04	GAPC AND #3 CLINIC	0	0	0	0	0	16.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	69.00	ELECTROCARDIOLOGY	0	0	0	39,530		1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	663,000		2.00
3.00	91.00	EMERGENCY	0	0	0	568,282		3.00
4.00	91.00	EMERGENCY	0	0	0	607,594		4.00
5.00	60.00	LABORATORY	0	0	0	0		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	80,853		6.00
7.00	90.01	GERI PSYCH CLINIC	0	0	0	33,140		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	45,000		8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	70,932		9.00
10.00	31.00	INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	8,625		11.00
12.00	60.00	LABORATORY	0	0	0	689,090		12.00
13.00	90.02	ORTHO AND CARDIO CLINIC	0	0	0	59,367		13.00
14.00	90.02	ORTHO AND CARDIO CLINIC	0	0	0	90,773		14.00
15.00	90.03	GENERAL SURGERY CLINIC	0	0	0	55,378		15.00
16.00	90.04	GAPC AND #3 CLINIC	0	0	0	50,103		16.00
200.00			0	0	0	3,061,667		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	OB UNIT - BLDG & FIXT	B&F - ONARGA RHC	B&F - FARMER CITY RURAL HEALTH CLIN	
		0	1.00	1.01	1.02	1.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,131,914	1,131,914			1.00
1.01	00101	OB UNIT - BLDG & FIXT	297,966	0	297,966		1.01
1.02	00102	B&F - ONARGA RHC	13,929	0	0	13,929	1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN	15,351	0	0	0	1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC	84,638	0	0	0	1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC	15,937	0	0	0	1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	156,264	0	0	0	1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	51,720	0	0	0	1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	11,744	0	0	0	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	796	0	0	0	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	6,146	0	0	0	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	6,836	0	0	0	1.15
1.16	00116	B&F - AMBULANCE BUILDING	24,814	0	0	0	1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	35,832	0	0	0	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	6,685	0	0	0	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	6,578	0	0	0	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	10,836	0	0	0	1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	1,733	0	0	0	1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	14,372	0	0	0	1.22
1.25	00125	B&F - HARMS HOUSE/IT	29,665	0	0	0	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	32,568	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	9,671	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	12,878	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,904,241				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,814,075	5,908	0	0	4.00
5.01	00501	CASHIERING/ACCOUNTS RECEIVABLE	2,704,876	58,796	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	11,509,285	208,907	9,321	0	5.02
7.00	00700	OPERATION OF PLANT	1,607,882	183,682	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	477,792	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	262,573	16,017	0	0	8.00
9.00	00900	HOUSEKEEPING	545,718	6,041	2,451	0	9.00
10.00	01000	DIETARY	518,968	19,137	0	0	10.00
11.00	01100	CAFETERIA	392,702	10,014	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	562,612	2,779	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	357,234	26,989	0	0	14.00
15.00	01500	PHARMACY	970,594	7,843	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	406,009	13,561	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,793,713	108,565	182,695	0	30.00
31.00	03100	INTENSIVE CARE UNIT	61,734	8,412	0	0	31.00
43.00	04300	NURSERY	447,607	0	18,672	0	43.00
44.00	04400	SKILLED NURSING FACILITY	46,143	6,060	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	1,803,999	123,529	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,904,440	107,768	13,346	0	50.00
51.00	05100	RECOVERY ROOM	387,069	13,940	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	186,913	0	58,165	0	52.00
53.00	05300	ANESTHESIOLOGY	-30,261	844	13,316	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,651,158	57,867	0	0	54.00
56.00	05600	RADIOISOTOPE	143,549	3,082	0	0	56.00
60.00	06000	LABORATORY	2,136,715	17,060	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	54,777	3,509	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,774	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	492,369	3,215	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,423,703	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	299,604	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	64,260	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	34,615	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,261,644	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,831,116	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,872,306	5,396	0	0	73.00
73.01	07301	CARDIAC REHAB	75,857	10,697	0	0	73.01
73.02	07302	WOUND CARE	476,360	6,800	0	0	73.02
73.03	07303	SLEEP LAB	243,326	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	76,255	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	14,095,904	0	0	13,929	88.00
90.00	09000	CLINIC	293,903	9,246	0	0	90.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	OB UNIT - BLDG & FIXT	B&F - ONARGA RHC	B&F - FARMER CITY RURAL HEALTH CLIN	
			0	1.00	1.01	1.02	1.04	
90.01	09001	GERI PSYCH CLINIC	336,650	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	36,799	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	13,010	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	19,412	0	0	0	0	90.04
91.00	09100	EMERGENCY	2,420,595	48,943	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,974,855	17,070	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	81,943,533	1,115,451	297,966	13,929	15,351	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,423	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	427,519	1,679	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	810,991	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	961,287	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	152,493	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	1,788,760	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	176,697	0	0	0	0	194.07
194.08	07958	340B PHARMACY	189,414	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	620,246	0	0	0	0	194.09
194.10	07960	WIC	136,213	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	473,718	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	32,464	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	3,279,333	0	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	2,042,404	0	0	0	0	194.17
194.18	07968	GAFM	435,727	0	0	0	0	194.18
194.19	07969	GAPC	515,917	0	0	0	0	194.19
194.20	07970	FHCF	91,502	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	516,636	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	666,156	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	188,012	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	896,205	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	358,656	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	740,782	11,361	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	766,937	0	0	0	0	194.27
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)	98,211,602	1,131,914	297,966	13,929	15,351	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - HOOPESTON RURAL HEALTH CLINIC	B&F - FORREST RURAL HEALTH CLINIC	B&F - PAXTON RURAL HEALTH CLINIC	B&F - MAHOMET SPECIALTY CLINIC	B&F - POTOMAC RURAL HEALTH CLINIC	
			1.05	1.07	1.09	1.10	1.11	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC	84,638					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC	0	15,937				1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	0	0	156,264			1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	51,720		1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	0	11,744	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	0	0	0	0	0	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	0	0	0	0	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	0	1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	0	0	0	0	1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	0	0	0	0	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	0	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	0	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	0	1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	0	1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	0	1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	84,638	15,937	156,264	38,784	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - HOOPESTON RURAL HEALTH CLINIC	B&F - FORREST RURAL HEALTH CLINIC	B&F - PAXTON RURAL HEALTH CLINIC	B&F - MAHOMET SPECIALTY CLINIC	B&F - POTOMAC RURAL HEALTH CLINIC	
			1.05	1.07	1.09	1.10	1.11	
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	84,638	15,937	156,264	38,784	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	6,988	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	4,756	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	12,936	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
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)	84,638	15,937	156,264	51,720	11,744	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - PAXTON WELLNESS CENTER	B&F - PAXTON AMBULANCE STATION	B&F - AMBULANCE STAFF RESIDENCE	B&F - AMBULANCE BUILDING	B&F - # 10 DOCTOR'S PARK	
			1.12	1.14	1.15	1.16	1.17	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	796					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	6,146				1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	0	6,836			1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	0	0	24,814		1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	0	0	0	35,832	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	0	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	0	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	0	1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	0	1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	0	1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	33	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	17,916	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - PAXTON WELLNESS CENTER	B&F - PAXTON AMBULANCE STATION	B&F - AMBULANCE STAFF RESIDENCE	B&F - AMBULANCE BUILDING	B&F - # 10 DOCTOR'S PARK	
			1.12	1.14	1.15	1.16	1.17	
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	745	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	6,146	6,836	24,814	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	6,146	6,836	24,814	18,694	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	796	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	5,542	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	11,596	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
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)	796	6,146	6,836	24,814	35,832	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - COSMETOLOGY OFFICE	B&F - ANESTHESIA HOUSE	B&F - #7 DOCTOR'S PARK	B&F - #4 DOCTOR'S PARK	B&F - #8 DOCTOR'S PARK	
			1.18	1.19	1.20	1.21	1.22	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	6,685					1.18
1.19	00119	B&F - ANESTHESIA HOUSE	0	6,578				1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	10,836			1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	1,733		1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	14,372	1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	6,578	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	10,836	0	14,372	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	866	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	0	90.02

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - COSMETOLOGY OFFICE	B&F - ANESTHESIA HOUSE	B&F - #7 DOCTOR'S PARK	B&F - #4 DOCTOR'S PARK	B&F - #8 DOCTOR'S PARK	
			1.18	1.19	1.20	1.21	1.22	
90.03	09003	GENERAL SURGERY CLINIC	280	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	280	6,578	10,836	866	14,372	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	6,405	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	867	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,685	6,578	10,836	1,733	14,372	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - HARMS HOUSE/IT	B&F - 9TH ST. EDUCATION HOUSE	B&F - FALCON POINT RESIDENCE	B&F - 2012 NEW STORAGE SHED	MVBLE EQUIP	
			1.25	1.26	1.27	1.28	2.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT	29,665					1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	32,568				1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	9,671			1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	12,878		1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2,904,241	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	6,470	4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	1,130	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	29,665	32,568	0	12,878	1,115,724	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	12,378	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	9,850	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	1,229	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	20	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	18,397	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	2,804	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	31,373	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	138,089	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	16,142	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	812,569	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	72,034	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	16,959	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	10,263	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	5,572	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	10,222	73.01
73.02	07302	WOUND CARE	0	0	0	0	11,187	73.02
73.03	07303	SLEEP LAB	0	0	0	0	6,293	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	78,521	88.00
90.00	09000	CLINIC	0	0	0	0	3,868	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	1,079	90.02

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - HARMS HOUSE/IT	B&F - 9TH ST. EDUCATION HOUSE	B&F - FALCON POINT RESIDENCE	B&F - 2012 NEW STORAGE SHED	MVBLE EQUIP	
			1.25	1.26	1.27	1.28	2.00	
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	3,432	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	1,513	90.04
91.00	09100	EMERGENCY	0	0	0	0	37,320	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	247,310	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,665	32,568	0	12,878	2,671,748	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	9,671	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	65,899	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	13,049	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	6,233	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	18,593	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	52,370	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	13,092	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	34,822	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	27,335	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	1,100	194.27
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	29,665	32,568	9,671	12,878	2,904,241	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	ALL OTHER ADMIN & GENERAL	
			4.00	4A	5.01	5A.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,826,453					4.00
5.01	00501	CASHIERING/ACCOUNTS RECEIVABLE	668,965	3,433,767	3,433,767			5.01
5.02	00502	ALL OTHER ADMIN & GENERAL	2,036,675	14,955,023	0	14,955,023	14,955,023	5.02
7.00	00700	OPERATION OF PLANT	257,359	2,061,301	0	2,061,301	370,263	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	14,113	491,905	0	491,905	88,359	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	97,788	386,228	0	386,228	69,377	8.00
9.00	00900	HOUSEKEEPING	166,894	721,137	0	721,137	129,535	9.00
10.00	01000	DIETARY	106,580	645,914	0	645,914	116,023	10.00
11.00	01100	CAFETERIA	103,456	506,172	0	506,172	90,922	11.00
13.00	01300	NURSING ADMINISTRATION	128,549	693,940	0	693,940	124,650	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	384,223	0	384,223	69,016	14.00
15.00	01500	PHARMACY	249,802	1,228,239	0	1,228,239	220,624	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	117,240	536,830	0	536,830	96,429	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	988,589	4,091,959	321,022	4,412,981	792,686	30.00
31.00	03100	INTENSIVE CARE UNIT	21,818	94,768	7,435	102,203	18,358	31.00
43.00	04300	NURSERY	153,268	619,547	48,605	668,152	120,017	43.00
44.00	04400	SKILLED NURSING FACILITY	16,108	68,311	0	68,311	12,270	44.00
46.00	04600	OTHER LONG TERM CARE	629,767	2,588,668	0	2,588,668	464,992	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	797,403	3,961,046	310,752	4,271,798	767,326	50.00
51.00	05100	RECOVERY ROOM	141,230	542,239	42,540	584,779	105,042	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	64,002	309,080	24,248	333,328	59,874	52.00
53.00	05300	ANESTHESIOLOGY	0	6,619	519	7,138	1,282	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	631,133	4,152,727	325,776	4,478,503	804,456	54.00
56.00	05600	RADIOISOTOPE	20,572	167,203	13,117	180,320	32,390	56.00
60.00	06000	LABORATORY	395,301	2,621,110	205,631	2,826,741	507,756	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	58,286	4,573	62,859	11,291	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,774	296	4,070	731	64.00
65.00	06500	RESPIRATORY THERAPY	161,533	674,076	52,883	726,959	130,581	65.00
66.00	06600	PHYSICAL THERAPY	512,935	1,964,817	154,144	2,118,961	380,620	66.00
67.00	06700	OCCUPATIONAL THERAPY	115,231	414,835	32,545	447,380	80,361	67.00
68.00	06800	SPEECH PATHOLOGY	93	64,353	5,049	69,402	12,466	68.00
69.00	06900	ELECTROCARDIOLOGY	10,228	50,415	3,955	54,370	9,766	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,261,644	98,978	1,360,622	244,403	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,831,116	300,559	4,131,675	742,156	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,877,702	147,309	2,025,011	363,745	73.00
73.01	07301	CARDIAC REHAB	28,157	124,933	9,801	134,734	24,202	73.01
73.02	07302	WOUND CARE	86,470	580,817	45,566	626,383	112,515	73.02
73.03	07303	SLEEP LAB	33,186	282,805	22,187	304,992	54,784	73.03
73.04	03950	DIETARY EDUCATION	0	76,255	5,982	82,237	14,772	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	1,614,302	16,138,838	0	16,138,838	2,898,933	88.00
90.00	09000	CLINIC	100,316	407,333	31,956	439,289	78,908	90.00
90.01	09001	GERI PSYCH CLINIC	86,144	423,660	33,237	456,897	82,071	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	2,324	40,947	3,212	44,159	7,932	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	16,722	1,312	18,034	3,239	90.03
90.04	09004	GAPC AND #3 CLINIC	3,891	24,816	1,947	26,763	4,807	90.04

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet B
Part I
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	ALL OTHER ADMIN & GENERAL	
			4.00	4A	5.01	5A.01	5.02	
91.00	09100	EMERGENCY	539,348	3,046,206	238,981	3,285,187	590,105	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		0		92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	739,607	3,016,638	0	3,016,638	541,867	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,840,377	79,648,944	2,494,117	78,709,294	11,451,902	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,423	0	3,423	615	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	32,973	462,171	0	462,171	83,018	192.02
194.00	07950	FALCON POINT RENTAL	0	9,671	759	10,430	1,873	194.00
194.01	07951	PHYSICIAN OFFICE	25,208	902,098	70,771	972,869	174,753	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	43,552	1,024,293	0	1,024,293	183,990	194.02
194.03	07953	WELLNESS CENTER	52,416	205,705	0	205,705	36,950	194.03
194.04	07954	PSYCH CLINIC	346,716	2,143,331	168,149	2,311,480	415,202	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	2,560	179,257	14,063	193,320	34,725	194.07
194.08	07958	340B PHARMACY	0	189,414	0	189,414	34,024	194.08
194.09	07959	GAH CARDIOLOGY	39,687	671,708	52,697	724,405	130,122	194.09
194.10	07960	WIC	50,376	186,589	0	186,589	33,516	194.10
194.11	07961	PULMONARY CLINIC	23,674	497,392	39,021	536,413	96,354	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	4,584	41,804	3,280	45,084	8,098	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	154,081	3,463,603	271,727	3,735,330	670,962	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	700,557	2,795,331	0	2,795,331	502,114	194.17
194.18	07968	GAFM	46,522	482,249	37,833	520,082	93,420	194.18
194.19	07969	GAPC	32,530	548,447	43,027	591,474	106,244	194.19
194.20	07970	FHCF	17,630	109,132	8,562	117,694	21,141	194.20
194.21	07971	FAMILY H.C. FAIRBURY	54,831	571,467	44,833	616,300	110,704	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	97,127	776,375	60,908	837,283	150,398	194.22
194.23	07973	WEEKEND CLINIC AT GAH	29,736	217,748	17,083	234,831	42,182	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	36,314	967,341	75,890	1,043,231	187,391	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	24,147	395,739	31,047	426,786	76,662	194.25
194.26	07976	DENTAL CLINIC	119,999	899,477	0	899,477	161,569	194.26
194.27	07977	RETAIL PHARMACY	50,856	818,893	0	818,893	147,094	194.27
200.00		Cross Foot Adjustments		0		0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	13,826,453	98,211,602	3,433,767	98,211,602	14,955,023	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT-OUTSIDE PROPERTY	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			7.00	7.01	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00501	ALL OTHER ADMIN & GENERAL						5.02
7.00	00700	OPERATION OF PLANT	2,431,564					7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	580,264				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	52,068	0	507,673			8.00
9.00	00900	HOUSEKEEPING	22,134	48	100,878	973,732		9.00
10.00	01000	DIETARY	62,210	0	15,702	20,982	860,831	10.00
11.00	01100	CAFETERIA	32,554	0	20,662	10,980	0	11.00
13.00	01300	NURSING ADMINISTRATION	9,033	0	0	3,043	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	87,736	0	0	29,591	0	14.00
15.00	01500	PHARMACY	25,494	0	0	8,599	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	44,084	0	0	14,869	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	539,021	0	89,072	181,803	202,930	30.00
31.00	03100	INTENSIVE CARE UNIT	27,344	0	0	9,223	838	31.00
43.00	04300	NURSERY	19,021	0	1,494	6,415	0	43.00
44.00	04400	SKILLED NURSING FACILITY	19,699	0	25,261	6,644	16,387	44.00
46.00	04600	OTHER LONG TERM CARE	401,561	0	122,552	135,439	640,676	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	363,921	0	48,023	122,743	0	50.00
51.00	05100	RECOVERY ROOM	45,317	0	0	15,284	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	59,251	0	6,498	19,984	0	52.00
53.00	05300	ANESTHESIOLOGY	16,308	4,605	0	18,497	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	188,110	0	16,282	63,446	0	54.00
56.00	05600	RADIOISOTOPE	10,019	0	0	3,379	0	56.00
60.00	06000	LABORATORY	55,459	0	0	18,705	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,406	0	0	3,847	0	63.00
64.00	06400	INTRAVENOUS THERAPY	12,269	0	0	4,138	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,451	0	0	77,036	0	65.00
66.00	06600	PHYSICAL THERAPY	0	26,044	34,890	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,541	0	0	5,916	0	73.00
73.01	07301	CARDIAC REHAB	34,774	0	0	11,728	0	73.01
73.02	07302	WOUND CARE	22,103	0	0	7,455	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	201,795	0	0	0	88.00
90.00	09000	CLINIC	30,057	0	0	10,138	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	7,426	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	1,083	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	549	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	619	0	0	0	90.04

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT-OUTSIDE PROPERTY	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			7.00	7.01	8.00	9.00	10.00	
91.00	09100	EMERGENCY	159,102	0	26,359	53,662	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	43,741	0	57,956	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,378,047	285,910	507,673	921,505	860,831	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,129	0	0	3,754	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	5,456	0	0	1,840	0	192.02
194.00	07950	FALCON POINT RENTAL	0	7,102	0	20,047	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	7,117	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	5,485	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	25,786	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	17,711	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	8,056	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	14,130	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	6,999	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	16,857	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	146,992	0	0	0	194.17
194.18	07968	GAFM	0	6,822	0	0	0	194.18
194.19	07969	GAPC	0	7,117	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	22,747	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	7,117	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	1,963	0	0	0	194.25
194.26	07976	DENTAL CLINIC	36,932	0	0	12,456	0	194.26
194.27	07977	RETAIL PHARMACY	0	6,483	0	0	0	194.27
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,431,564	580,264	507,673	973,732	860,831	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00501	ALL OTHER ADMIN & GENERAL						5.02
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	661,290					11.00
13.00	01300	NURSING ADMINISTRATION	15,810	846,479				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	570,566			14.00
15.00	01500	PHARMACY	19,059	0	1,744	1,503,759		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,191	0	86	0	709,489	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	108,558	228,568	9,613	5,909	122,802	30.00
31.00	03100	INTENSIVE CARE UNIT	2,166	4,547	0	1	0	31.00
43.00	04300	NURSERY	14,890	31,352	0	0	5,698	43.00
44.00	04400	SKILLED NURSING FACILITY	2,193	4,618	0	0	1,085	44.00
46.00	04600	OTHER LONG TERM CARE	85,250	179,496	2,971	1,006	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	81,352	171,277	36,916	12,871	70,812	50.00
51.00	05100	RECOVERY ROOM	14,836	31,245	777	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,738	9,976	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	18,842	0	1,138	6,626	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,203	0	977	6,588	262,878	54.00
56.00	05600	RADIOISOTOPE	7,851	0	87	57	0	56.00
60.00	06000	LABORATORY	56,743	0	3,260	312	123,175	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	18,734	39,426	131	19	1,818	65.00
66.00	06600	PHYSICAL THERAPY	55,254	0	396	539	17,642	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,881	0	3	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,408	0	60	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	166,979	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	320,991	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,283,994	0	73.00
73.01	07301	CARDIAC REHAB	4,981	10,494	55	0	909	73.01
73.02	07302	WOUND CARE	8,934	18,806	740	1,014	4,714	73.02
73.03	07303	SLEEP LAB	4,223	8,871	27	0	1,228	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	10,683	112,829	0	88.00
90.00	09000	CLINIC	13,184	27,751	1,346	1,441	9,007	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	25	0	407	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	136	1,037	27	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	7	13	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	10	475	0	90.04

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
91.00	09100	EMERGENCY	38,009	80,052	4,707	1,002	86,636	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	599	12,882	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	661,290	846,479	564,464	1,448,615	708,838	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	152	298	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	33	6,669	0	194.02
194.03	07953	WELLNESS CENTER	0	0	83	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	131	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	85	426	0	194.09
194.10	07960	WIC	0	0	18	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	7	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	14	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	3,045	23,416	651	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	312	818	0	194.17
194.18	07968	GAFM	0	0	1,052	2,395	0	194.18
194.19	07969	GAPC	0	0	136	1,894	0	194.19
194.20	07970	FHCF	0	0	48	2,685	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	152	505	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	299	4,529	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	50	1,703	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	87	9,037	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	371	450	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	27	319	0	194.27
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)	661,290	846,479	570,566	1,503,759	709,489	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	OB UNIT - BLDG & FIXT			1.01
1.02	00102	B&F - ONARGA RHC			1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN			1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC			1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC			1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC			1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC			1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC			1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER			1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION			1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE			1.15
1.16	00116	B&F - AMBULANCE BUILDING			1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK			1.17
1.18	00118	B&F - COSMETOLOGY OFFICE			1.18
1.19	00119	B&F - ANESTHESIA HOUSE			1.19
1.20	00120	B&F - #7 DOCTOR'S PARK			1.20
1.21	00121	B&F - #4 DOCTOR'S PARK			1.21
1.22	00122	B&F - #8 DOCTOR'S PARK			1.22
1.25	00125	B&F - HARMS HOUSE/IT			1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE			1.26
1.27	00127	B&F - FALCON POINT RESIDENCE			1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED			1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE			5.01
5.02	00501	ALL OTHER ADMIN & GENERAL			5.02
7.00	00700	OPERATION OF PLANT			7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY			7.01
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	6,693,943	-224,115	6,469,828
31.00	03100	INTENSIVE CARE UNIT	164,680	0	164,680
43.00	04300	NURSERY	867,039	0	867,039
44.00	04400	SKILLED NURSING FACILITY	156,468	0	156,468
46.00	04600	OTHER LONG TERM CARE	4,622,611	0	4,622,611
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	5,947,039	0	5,947,039
51.00	05100	RECOVERY ROOM	797,280	0	797,280
52.00	05200	DELIVERY ROOM & LABOR ROOM	493,649	0	493,649
53.00	05300	ANESTHESIOLOGY	74,436	0	74,436
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,878,443	0	5,878,443
56.00	05600	RADIOISOTOPE	234,103	0	234,103
60.00	06000	LABORATORY	3,592,151	0	3,592,151
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	89,403	0	89,403
64.00	06400	INTRAVENOUS THERAPY	21,208	210,889	232,097
65.00	06500	RESPIRATORY THERAPY	1,005,155	0	1,005,155
66.00	06600	PHYSICAL THERAPY	2,634,346	0	2,634,346
67.00	06700	OCCUPATIONAL THERAPY	537,625	0	537,625
68.00	06800	SPEECH PATHOLOGY	81,868	0	81,868
69.00	06900	ELECTROCARDIOLOGY	65,604	0	65,604
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,772,004	0	1,772,004
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,194,822	0	5,194,822
73.00	07300	DRUGS CHARGED TO PATIENTS	3,696,207	0	3,696,207
73.01	07301	CARDIAC REHAB	221,877	0	221,877
73.02	07302	WOUND CARE	802,664	0	802,664
73.03	07303	SLEEP LAB	374,125	0	374,125
73.04	03950	DIETARY EDUCATION	97,009	0	97,009
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	19,363,078	0	19,363,078
90.00	09000	CLINIC	611,121	0	611,121
90.01	09001	GERI PSYCH CLINIC	546,826	0	546,826
90.02	09002	ORTHO AND CARDIO CLINIC	54,374	0	54,374

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
90.03	09003	GENERAL SURGERY CLINIC	21,842	0	21,842	90.03
90.04	09004	GAPC AND #3 CLINIC	32,674	0	32,674	90.04
91.00	09100	EMERGENCY	4,324,821	0	4,324,821	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	13,226	13,226	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	3,673,683	0	3,673,683	95.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	74,744,178	0	74,744,178	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,921	0	18,921	190.00
192.01	19201	GAH - MSO	0	0	0	192.01
192.02	19202	GAH FOUNDATION	552,485	0	552,485	192.02
194.00	07950	FALCON POINT RENTAL	39,452	0	39,452	194.00
194.01	07951	PHYSICIAN OFFICE	1,155,189	0	1,155,189	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	1,220,470	0	1,220,470	194.02
194.03	07953	WELLNESS CENTER	268,524	0	268,524	194.03
194.04	07954	PSYCH CLINIC	2,744,524	0	2,744,524	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	194.06
194.07	07957	PAIN CLINIC	228,045	0	228,045	194.07
194.08	07958	340B PHARMACY	223,438	0	223,438	194.08
194.09	07959	GAH CARDIOLOGY	863,094	0	863,094	194.09
194.10	07960	WIC	220,123	0	220,123	194.10
194.11	07961	PULMONARY CLINIC	646,904	0	646,904	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	60,195	0	60,195	194.12
194.13	07963	PODIATRY	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	194.14
194.15	07965	ORTHO CLINIC	4,450,261	0	4,450,261	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	3,445,567	0	3,445,567	194.17
194.18	07968	GAFM	623,771	0	623,771	194.18
194.19	07969	GAPC	706,865	0	706,865	194.19
194.20	07970	FHCF	141,568	0	141,568	194.20
194.21	07971	FAMILY H.C. FAIRBURY	727,661	0	727,661	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	1,015,256	0	1,015,256	194.22
194.23	07973	WEEKEND CLINIC AT GAH	278,766	0	278,766	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	1,246,863	0	1,246,863	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	505,411	0	505,411	194.25
194.26	07976	DENTAL CLINIC	1,111,255	0	1,111,255	194.26
194.27	07977	RETAIL PHARMACY	972,816	0	972,816	194.27
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	98,211,602	0	98,211,602	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	OB UNIT - BLDG & FIXT	B&F - ONARGA RHC	B&F - FARMER CITY RURAL HEALTH CLIN	
				0	1.00	1.01	1.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	5,908	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	58,796	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	208,907	9,321	0	0	5.02
7.00	00700	OPERATION OF PLANT	0	183,682	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	16,017	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	6,041	2,451	0	0	9.00
10.00	01000	DIETARY	0	19,137	0	0	0	10.00
11.00	01100	CAFETERIA	0	10,014	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,779	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	26,989	0	0	0	14.00
15.00	01500	PHARMACY	0	7,843	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	13,561	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	108,565	182,695	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,412	0	0	0	31.00
43.00	04300	NURSERY	0	0	18,672	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	6,060	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	123,529	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	107,768	13,346	0	0	50.00
51.00	05100	RECOVERY ROOM	0	13,940	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	58,165	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	844	13,316	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	57,867	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	3,082	0	0	0	56.00
60.00	06000	LABORATORY	0	17,060	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,509	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,774	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,215	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,396	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	10,697	0	0	0	73.01
73.02	07302	WOUND CARE	0	6,800	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	13,929	15,351	88.00
90.00	09000	CLINIC	0	9,246	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	OB UNIT - BLDG & FIXT	B&F - ONARGA RHC	B&F - FARMER CITY RURAL HEALTH CLIN	
				1.00	1.01	1.02	1.04	
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	48,943	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	17,070	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,115,451	297,966	13,929	15,351	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,423	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	1,679	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	11,361	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,131,914	297,966	13,929	15,351	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - HOOPESTON RURAL HEALTH CLINIC	B&F - FORREST RURAL HEALTH CLINIC	B&F - PAXTON RURAL HEALTH CLINIC	B&F - MAHOMET SPECIALTY CLINIC	B&F - POTOMAC RURAL HEALTH CLINIC	
			1.05	1.07	1.09	1.10	1.11	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	84,638	15,937	156,264	38,784	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - HOOPESTON RURAL HEALTH CLINIC	B&F - FORREST RURAL HEALTH CLINIC	B&F - PAXTON RURAL HEALTH CLINIC	B&F - MAHOMET SPECIALTY CLINIC	B&F - POTOMAC RURAL HEALTH CLINIC	
			1.05	1.07	1.09	1.10	1.11	
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	84,638	15,937	156,264	38,784	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	6,988	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	4,756	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	12,936	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
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)	84,638	15,937	156,264	51,720	11,744	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - PAXTON WELLNESS CENTER	B&F - PAXTON AMBULANCE STATION	B&F - AMBULANCE STAFF RESIDENCE	B&F - AMBULANCE BUILDING	B&F - # 10 DOCTOR'S PARK	
			1.12	1.14	1.15	1.16	1.17	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	33	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	17,916	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01

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ALLOCATION OF CAPITAL RELATED COSTS					Provider CCN: 14-1317		Period: From 10/01/2018 To 09/30/2019		Worksheet B Part II Date/Time Prepared: 2/26/2020 12:45 pm	
Cost Center Description			CAPITAL RELATED COSTS							
			B&F - PAXTON WELLNESS CENTER	B&F - PAXTON AMBULANCE STATION	B&F - AMBULANCE STAFF RESIDENCE	B&F - AMBULANCE BUILDING	B&F - # 10 DOCTOR'S PARK			
			1.12	1.14	1.15	1.16	1.17			
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	745	90.02		
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	90.03		
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04		
91.00	09100	EMERGENCY	0	0	0	0	0	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00		
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00		
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES	0	6,146	6,836	24,814	0	95.00		
SPECIAL PURPOSE COST CENTERS										
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	6,146	6,836	24,814	18,694	118.00		
NONREIMBURSABLE COST CENTERS										
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00		
192.01	19201	GAH - MSO	0	0	0	0	0	192.01		
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02		
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00		
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01		
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02		
194.03	07953	WELLNESS CENTER	796	0	0	0	0	194.03		
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04		
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05		
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06		
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07		
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08		
194.09	07959	GAH CARDIOLOGY	0	0	0	0	5,542	194.09		
194.10	07960	WIC	0	0	0	0	0	194.10		
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11		
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12		
194.13	07963	PODIATRY	0	0	0	0	0	194.13		
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14		
194.15	07965	ORTHO CLINIC	0	0	0	0	11,596	194.15		
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16		
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17		
194.18	07968	GAFM	0	0	0	0	0	194.18		
194.19	07969	GAPC	0	0	0	0	0	194.19		
194.20	07970	FHCF	0	0	0	0	0	194.20		
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21		
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22		
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23		
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24		
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25		
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26		
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27		
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)	796	6,146	6,836	24,814	35,832	202.00		

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - COSMETOLOGY OFFICE	B&F - ANESTHESIA HOUSE	B&F - #7 DOCTOR'S PARK	B&F - #4 DOCTOR'S PARK	B&F - #8 DOCTOR'S PARK	
			1.18	1.19	1.20	1.21	1.22	
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	6,578	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	10,836	0	14,372	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	866	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	0	90.02

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - COSMETOLOGY OFFICE	B&F - ANESTHESIA HOUSE	B&F - #7 DOCTOR'S PARK	B&F - #4 DOCTOR'S PARK	B&F - #8 DOCTOR'S PARK	
			1.18	1.19	1.20	1.21	1.22	
90.03	09003	GENERAL SURGERY CLINIC	280	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	280	6,578	10,836	866	14,372	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	6,405	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	867	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,685	6,578	10,836	1,733	14,372	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - HARMS HOUSE/IT	B&F - 9TH ST. EDUCATION HOUSE	B&F - FALCON POINT RESIDENCE	B&F - 2012 NEW STORAGE SHED	MVBLE EQUIP	
			1.25	1.26	1.27	1.28	2.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	OB UNIT - BLDG & FIXT					1.01	
1.02	00102	B&F - ONARGA RHC					1.02	
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN					1.04	
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05	
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07	
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09	
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10	
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11	
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12	
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14	
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15	
1.16	00116	B&F - AMBULANCE BUILDING					1.16	
1.17	00117	B&F - # 10 DOCTOR'S PARK					1.17	
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18	
1.19	00119	B&F - ANESTHESIA HOUSE					1.19	
1.20	00120	B&F - #7 DOCTOR'S PARK					1.20	
1.21	00121	B&F - #4 DOCTOR'S PARK					1.21	
1.22	00122	B&F - #8 DOCTOR'S PARK					1.22	
1.25	00125	B&F - HARMS HOUSE/IT					1.25	
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE					1.26	
1.27	00127	B&F - FALCON POINT RESIDENCE					1.27	
1.28	00128	B&F - 2012 NEW STORAGE SHED					1.28	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	6,470	4.00	
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	1,130	5.01	
5.02	00591	ALL OTHER ADMIN & GENERAL	29,665	32,568	0	12,878	5.02	
7.00	00700	OPERATION OF PLANT	0	0	0	12,378	7.00	
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	9,850	8.00	
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00	
10.00	01000	DIETARY	0	0	0	1,229	10.00	
11.00	01100	CAFETERIA	0	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00	
15.00	01500	PHARMACY	0	0	0	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	20	16.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	18,397	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	2,804	31.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	
46.00	04600	OTHER LONG TERM CARE	0	0	0	31,373	46.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	138,089	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	16,142	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	812,569	54.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00	
60.00	06000	LABORATORY	0	0	0	72,034	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,959	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	10,263	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	5,572	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
73.01	07301	CARDIAC REHAB	0	0	0	10,222	73.01	
73.02	07302	WOUND CARE	0	0	0	11,187	73.02	
73.03	07303	SLEEP LAB	0	0	0	6,293	73.03	
73.04	03950	DIETARY EDUCATION	0	0	0	0	73.04	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	78,521	88.00	
90.00	09000	CLINIC	0	0	0	3,868	90.00	
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	90.01	
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	1,079	90.02	

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - HARMS HOUSE/IT	B&F - 9TH ST. EDUCATION HOUSE	B&F - FALCON POINT RESIDENCE	B&F - 2012 NEW STORAGE SHED	MVBLE EQUIP	
			1.25	1.26	1.27	1.28	2.00	
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	3,432	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	1,513	90.04
91.00	09100	EMERGENCY	0	0	0	0	37,320	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	247,310	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,665	32,568	0	12,878	2,671,748	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	9,671	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	65,899	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	13,049	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	6,233	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	18,593	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	52,370	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	13,092	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	34,822	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	27,335	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	1,100	194.27
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	29,665	32,568	9,671	12,878	2,904,241	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/AC COUNTS RECEIVABLE	ALL OTHER ADMIN & GENERAL	OPERATION OF PLANT	
			2A	4.00	5.01	5.02	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,378	12,378				4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE	59,926	599	60,525			5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	1,409,063	1,821	0	1,410,884		5.02
7.00	00700	OPERATION OF PLANT	196,060	230	0	34,931	231,221	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	13	0	8,336	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	25,867	88	0	6,545	4,951	8.00
9.00	00900	HOUSEKEEPING	8,525	149	0	12,220	2,105	9.00
10.00	01000	DIETARY	20,366	95	0	10,946	5,916	10.00
11.00	01100	CAFETERIA	10,014	93	0	8,578	3,096	11.00
13.00	01300	NURSING ADMINISTRATION	2,779	115	0	11,760	859	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	26,989	0	0	6,511	8,343	14.00
15.00	01500	PHARMACY	7,843	224	0	20,814	2,424	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,581	105	0	9,097	4,192	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	309,657	885	5,659	74,782	51,254	30.00
31.00	03100	INTENSIVE CARE UNIT	11,216	20	131	1,732	2,600	31.00
43.00	04300	NURSERY	18,672	137	857	11,323	1,809	43.00
44.00	04400	SKILLED NURSING FACILITY	6,060	14	0	1,158	1,873	44.00
46.00	04600	OTHER LONG TERM CARE	154,902	564	0	43,868	38,185	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	259,203	714	5,478	72,390	34,606	50.00
51.00	05100	RECOVERY ROOM	13,940	126	750	9,910	4,309	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	58,165	57	427	5,649	5,634	52.00
53.00	05300	ANESTHESIOLOGY	36,880	0	9	121	1,551	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	870,436	565	5,737	75,893	17,888	54.00
56.00	05600	RADIOISOTOPE	3,082	18	231	3,056	953	56.00
60.00	06000	LABORATORY	89,094	354	3,625	47,902	5,274	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,509	0	81	1,065	1,085	63.00
64.00	06400	INTRAVENOUS THERAPY	3,774	0	5	69	1,167	64.00
65.00	06500	RESPIRATORY THERAPY	20,174	145	932	12,319	994	65.00
66.00	06600	PHYSICAL THERAPY	28,179	459	2,717	35,908	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	103	574	7,581	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	89	1,176	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,572	9	70	921	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,745	23,057	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	5,298	70,015	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,396	0	2,597	34,316	1,668	73.00
73.01	07301	CARDIAC REHAB	20,919	25	173	2,283	3,307	73.01
73.02	07302	WOUND CARE	17,987	77	803	10,615	2,102	73.02
73.03	07303	SLEEP LAB	6,293	30	391	5,168	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	105	1,394	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	428,632	1,446	0	273,502	0	88.00
90.00	09000	CLINIC	13,114	90	563	7,444	2,858	90.00
90.01	09001	GERI PSYCH CLINIC	866	77	586	7,743	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	1,824	2	57	748	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	3,712	0	23	306	0	90.03
90.04	09004	GAPC AND #3 CLINIC	1,513	3	34	454	0	90.04

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet B
Part II
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/AC COUNTS RECEIVABLE	ALL OTHER ADMIN & GENERAL	OPERATION OF PLANT	
			2A	4.00	5.01	5.02	7.00	
91.00	09100	EMERGENCY	86,263	483	4,213	55,671	15,129	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	302,176	662	0	51,120	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,574,601	10,597	43,960	1,080,397	226,132	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,423	0	0	58	1,058	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	1,679	30	0	7,832	519	192.02
194.00	07950	FALCON POINT RENTAL	9,671	0	13	177	0	194.00
194.01	07951	PHYSICIAN OFFICE	65,899	23	1,248	16,486	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	19,454	39	0	17,358	0	194.02
194.03	07953	WELLNESS CENTER	796	47	0	3,486	0	194.03
194.04	07954	PSYCH CLINIC	7,855	311	2,964	39,170	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	2	248	3,276	0	194.07
194.08	07958	340B PHARMACY	0	0	0	3,210	0	194.08
194.09	07959	GAH CARDIOLOGY	11,775	36	929	12,276	0	194.09
194.10	07960	WIC	0	45	0	3,162	0	194.10
194.11	07961	PULMONARY CLINIC	0	21	688	9,090	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	4,756	4	58	764	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	30,189	138	4,790	63,299	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	52,370	627	0	47,370	0	194.17
194.18	07968	GAFM	0	42	667	8,813	0	194.18
194.19	07969	GAPC	0	29	759	10,023	0	194.19
194.20	07970	FHCF	0	16	151	1,994	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	49	790	10,444	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	13,092	87	1,074	14,189	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	27	301	3,979	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	34,822	33	1,338	17,679	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	12,936	22	547	7,232	0	194.25
194.26	07976	DENTAL CLINIC	38,696	107	0	15,243	3,512	194.26
194.27	07977	RETAIL PHARMACY	1,100	46	0	13,877	0	194.27
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,883,114	12,378	60,525	1,410,884	231,221	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			OPERATION OF PLANT-OUTSIDE PROPERTY	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.01	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00501	ALL OTHER ADMIN & GENERAL						5.02
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	8,349					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	37,451				8.00
9.00	00900	HOUSEKEEPING	1	7,442	30,442			9.00
10.00	01000	DIETARY	0	1,158	656	39,137		10.00
11.00	01100	CAFETERIA	0	1,524	343	0	23,648	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	95	0	565	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	925	0	0	14.00
15.00	01500	PHARMACY	0	0	269	0	682	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	465	0	615	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	6,571	5,683	9,226	3,884	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	288	38	77	31.00
43.00	04300	NURSERY	0	110	201	0	532	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,863	208	745	78	44.00
46.00	04600	OTHER LONG TERM CARE	0	9,041	4,234	29,128	3,049	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,543	3,837	0	2,909	50.00
51.00	05100	RECOVERY ROOM	0	0	478	0	531	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	479	625	0	169	52.00
53.00	05300	ANESTHESIOLOGY	66	0	578	0	674	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,201	1,984	0	2,046	54.00
56.00	05600	RADIOISOTOPE	0	0	106	0	281	56.00
60.00	06000	LABORATORY	0	0	585	0	2,029	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	120	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	129	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	2,408	0	670	65.00
66.00	06600	PHYSICAL THERAPY	375	2,574	0	0	1,976	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	353	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	50	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	185	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	367	0	178	73.01
73.02	07302	WOUND CARE	0	0	233	0	319	73.02
73.03	07303	SLEEP LAB	0	0	0	0	151	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	2,904	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	317	0	471	90.00
90.01	09001	GERI PSYCH CLINIC	107	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	16	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	8	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	9	0	0	0	0	90.04

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ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-1317		Period: From 10/01/2018 To 09/30/2019		Worksheet B Part II Date/Time Prepared: 2/26/2020 12:45 pm	
Cost Center Description			OPERATION OF PLANT-OUTSIDE PROPERTY	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
91.00	09100	EMERGENCY	0	1,945	1,678	0	1,359	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	629	0	1,812	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,115	37,451	28,809	39,137	23,648	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	117	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	58	0	0	192.02
194.00	07950	FALCON POINT RENTAL	102	0	627	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	102	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	79	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	371	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	255	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	116	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	442	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	101	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	243	0	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	2,115	0	0	0	0	194.17
194.18	07968	GAFM	98	0	0	0	0	194.18
194.19	07969	GAPC	102	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	327	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	102	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	28	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	389	0	0	194.26
194.27	07977	RETAIL PHARMACY	93	0	0	0	0	194.27
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)	8,349	37,451	30,442	39,137	23,648	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	
			13.00	14.00	15.00	16.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00501	ALL OTHER ADMIN & GENERAL						5.02
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	16,173					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	42,768				14.00
15.00	01500	PHARMACY	0	131	32,387			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6	0	28,061		16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,369	721	127	4,857	477,675	30.00
31.00	03100	INTENSIVE CARE UNIT	87	0	0	0	16,189	31.00
43.00	04300	NURSERY	599	0	0	225	34,465	43.00
44.00	04400	SKILLED NURSING FACILITY	88	0	0	43	12,130	44.00
46.00	04600	OTHER LONG TERM CARE	3,430	223	22	0	286,646	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,272	2,767	277	2,801	391,797	50.00
51.00	05100	RECOVERY ROOM	597	58	0	0	30,699	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	191	0	0	0	71,396	52.00
53.00	05300	ANESTHESIOLOGY	0	85	143	0	40,107	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	73	142	10,396	986,361	54.00
56.00	05600	RADIOISOTOPE	0	7	1	0	7,735	56.00
60.00	06000	LABORATORY	0	244	7	4,872	153,986	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	5,860	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	5,144	64.00
65.00	06500	RESPIRATORY THERAPY	753	10	0	72	38,477	65.00
66.00	06600	PHYSICAL THERAPY	0	30	12	698	72,928	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	8,611	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,265	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5	0	0	6,627	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,517	0	0	37,319	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	24,061	0	0	99,374	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	27,652	0	71,814	73.00
73.01	07301	CARDIAC REHAB	200	4	0	36	27,492	73.01
73.02	07302	WOUND CARE	359	55	22	186	32,758	73.02
73.03	07303	SLEEP LAB	169	2	0	49	12,253	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	1,499	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	801	2,430	0	709,715	88.00
90.00	09000	CLINIC	530	101	31	356	25,875	90.00
90.01	09001	GERI PSYCH CLINIC	0	2	0	16	9,397	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	10	22	1	2,680	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	4,049	90.03
90.04	09004	GAPC AND #3 CLINIC	0	1	10	0	2,024	90.04

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet B
Part II
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	
			13.00	14.00	15.00	16.00	24.00	
91.00	09100	EMERGENCY	1,529	353	22	3,427	172,072	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	45	277	0	356,721	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,173	42,312	31,197	28,035	4,213,140	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	4,656	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	10,118	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	10,590	194.00
194.01	07951	PHYSICIAN OFFICE	0	11	6	0	83,775	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	2	144	0	37,076	194.02
194.03	07953	WELLNESS CENTER	0	6	0	0	4,706	194.03
194.04	07954	PSYCH CLINIC	0	10	0	0	50,565	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	3,526	194.07
194.08	07958	340B PHARMACY	0	0	0	0	3,210	194.08
194.09	07959	GAH CARDIOLOGY	0	6	9	0	25,147	194.09
194.10	07960	WIC	0	1	0	0	3,208	194.10
194.11	07961	PULMONARY CLINIC	0	1	0	0	10,242	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	1	0	0	5,684	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	228	504	26	99,417	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	23	18	0	102,523	194.17
194.18	07968	GAFM	0	79	52	0	9,751	194.18
194.19	07969	GAPC	0	10	41	0	10,964	194.19
194.20	07970	FHCF	0	4	58	0	2,223	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	11	11	0	11,305	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	22	98	0	28,889	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	4	37	0	4,348	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	7	195	0	54,176	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	20,765	194.25
194.26	07976	DENTAL CLINIC	0	28	10	0	57,985	194.26
194.27	07977	RETAIL PHARMACY	0	2	7	0	15,125	194.27
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)	16,173	42,768	32,387	28,061	4,883,114	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	OB UNIT - BLDG & FIXT		1.01
1.02	00102	B&F - ONARGA RHC		1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN		1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC		1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC		1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC		1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC		1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC		1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER		1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION		1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE		1.15
1.16	00116	B&F - AMBULANCE BUILDING		1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK		1.17
1.18	00118	B&F - COSMETOLOGY OFFICE		1.18
1.19	00119	B&F - ANESTHESIA HOUSE		1.19
1.20	00120	B&F - #7 DOCTOR'S PARK		1.20
1.21	00121	B&F - #4 DOCTOR'S PARK		1.21
1.22	00122	B&F - #8 DOCTOR'S PARK		1.22
1.25	00125	B&F - HARMS HOUSE/IT		1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE		1.26
1.27	00127	B&F - FALCON POINT RESIDENCE		1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED		1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE		5.01
5.02	00501	ALL OTHER ADMIN & GENERAL		5.02
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	477,675
31.00	03100	INTENSIVE CARE UNIT	0	16,189
43.00	04300	NURSERY	0	34,465
44.00	04400	SKILLED NURSING FACILITY	0	12,130
46.00	04600	OTHER LONG TERM CARE	0	286,646
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	391,797
51.00	05100	RECOVERY ROOM	0	30,699
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	71,396
53.00	05300	ANESTHESIOLOGY	0	40,107
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	986,361
56.00	05600	RADIOISOTOPE	0	7,735
60.00	06000	LABORATORY	0	153,986
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,860
64.00	06400	INTRAVENOUS THERAPY	0	5,144
65.00	06500	RESPIRATORY THERAPY	0	38,477
66.00	06600	PHYSICAL THERAPY	0	72,928
67.00	06700	OCCUPATIONAL THERAPY	0	8,611
68.00	06800	SPEECH PATHOLOGY	0	1,265
69.00	06900	ELECTROCARDIOLOGY	0	6,627
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	37,319
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	99,374
73.00	07300	DRUGS CHARGED TO PATIENTS	0	71,814
73.01	07301	CARDIAC REHAB	0	27,492
73.02	07302	WOUND CARE	0	32,758
73.03	07303	SLEEP LAB	0	12,253
73.04	03950	DIETARY EDUCATION	0	1,499
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	709,715
90.00	09000	CLINIC	0	25,875
90.01	09001	GERI PSYCH CLINIC	0	9,397
90.02	09002	ORTHO AND CARDIO CLINIC	0	2,680

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
90.03	09003	GENERAL SURGERY CLINIC	0	4,049	90.03
90.04	09004	GAPC AND #3 CLINIC	0	2,024	90.04
91.00	09100	EMERGENCY	0	172,072	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	356,721	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,213,140	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,656	190.00
192.01	19201	GAH - MSO	0	0	192.01
192.02	19202	GAH FOUNDATION	0	10,118	192.02
194.00	07950	FALCON POINT RENTAL	0	10,590	194.00
194.01	07951	PHYSICIAN OFFICE	0	83,775	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	37,076	194.02
194.03	07953	WELLNESS CENTER	0	4,706	194.03
194.04	07954	PSYCH CLINIC	0	50,565	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	194.05
194.06	07956	LASER CLINIC	0	0	194.06
194.07	07957	PAIN CLINIC	0	3,526	194.07
194.08	07958	340B PHARMACY	0	3,210	194.08
194.09	07959	GAH CARDIOLOGY	0	25,147	194.09
194.10	07960	WIC	0	3,208	194.10
194.11	07961	PULMONARY CLINIC	0	10,242	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	5,684	194.12
194.13	07963	PODIATRY	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	194.14
194.15	07965	ORTHO CLINIC	0	99,417	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	102,523	194.17
194.18	07968	GAFM	0	9,751	194.18
194.19	07969	GAPC	0	10,964	194.19
194.20	07970	FHCF	0	2,223	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	11,305	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	28,889	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	4,348	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	54,176	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	20,765	194.25
194.26	07976	DENTAL CLINIC	0	57,985	194.26
194.27	07977	RETAIL PHARMACY	0	15,125	194.27
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	4,883,114	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	OB UNIT - BLDG & FIXT (SQUARE FEET)	B&F - ONARGA RHC (SQUARE FEET)	B&F - FARMER CITY RURAL HEALTH CLIN (SQUARE FEET)	B&F - HOOPESTON RURAL HEALTH CLINIC (SQUARE FEET)	
			1.00	1.01	1.02	1.04	1.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	119,359					1.00
1.01	00101	OB UNIT - BLDG & FIXT	0	9,846				1.01
1.02	00102	B&F - ONARGA RHC	0	0	4,652			1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN	0	0	0	2,160		1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	0	4,721	1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	0	0	1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	0	0	1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	0	0	1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	0	0	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	0	0	0	0	0	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	0	0	0	0	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	0	1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	0	0	0	0	1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	0	0	0	0	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	0	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	0	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	0	1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	0	1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	0	1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	623	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,200	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	22,029	308	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	19,369	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,689	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	637	81	0	0	0	9.00
10.00	01000	DIETARY	2,018	0	0	0	0	10.00
11.00	01100	CAFETERIA	1,056	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	293	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,846	0	0	0	0	14.00
15.00	01500	PHARMACY	827	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,430	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,448	6,037	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	887	0	0	0	0	31.00
43.00	04300	NURSERY	0	617	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	639	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	13,026	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,364	441	0	0	0	50.00
51.00	05100	RECOVERY ROOM	1,470	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,922	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	89	440	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,102	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	325	0	0	0	0	56.00
60.00	06000	LABORATORY	1,799	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	370	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	398	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	339	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	569	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	1,128	0	0	0	0	73.01
73.02	07302	WOUND CARE	717	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	4,652	2,160	4,721	88.00
90.00	09000	CLINIC	975	0	0	0	0	90.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	OB UNIT - BLDG & FIXT (SQUARE FEET)	B&F - ONARGA RHC (SQUARE FEET)	B&F - FARMER CITY RURAL HEALTH CLIN (SQUARE FEET)	B&F - HOOPESTON RURAL HEALTH CLINIC (SQUARE FEET)	
			1.00	1.01	1.02	1.04	1.05	
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	5,161	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,800	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	117,623	9,846	4,652	2,160	4,721	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	361	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	177	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	1,198	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
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)	1,131,914	297,966	13,929	15,351	84,638	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.483273	30.262645	2.994196	7.106944	17.927981	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - FORREST RURAL HEALTH CLINIC (SQUARE FEET)	B&F - PAXTON RURAL HEALTH CLINIC (SQUARE FEET)	B&F - MAHOMET SPECIALTY CLINIC (SQUARE FEET)	B&F - POTOMAC RURAL HEALTH CLINIC (SQUARE FEET)	B&F - PAXTON WELLNESS CENTER (SQUARE FEET)	
			1.07	1.09	1.10	1.11	1.12	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC	3,284					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	0	28,574				1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	0	0	2,131			1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	4,692		1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	0	0	0	0	7,000	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	0	0	0	0	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	0	1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	0	0	0	0	1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	0	0	0	0	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	0	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	0	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	0	1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	0	1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	0	1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	3,284	28,574	1,598	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - FORREST RURAL HEALTH CLINIC (SQUARE FEET)	B&F - PAXTON RURAL HEALTH CLINIC (SQUARE FEET)	B&F - MAHOMET SPECIALTY CLINIC (SQUARE FEET)	B&F - POTOMAC RURAL HEALTH CLINIC (SQUARE FEET)	B&F - PAXTON WELLNESS CENTER (SQUARE FEET)	
			1.07	1.09	1.10	1.11	1.12	
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,284	28,574	1,598	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	7,000	194.03
194.04	07954	PSYCH CLINIC	0	0	0	2,792	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	1,900	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	533	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	15,937	156,264	51,720	11,744	796	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.852923	5.468748	24.270296	2.502984	0.113714	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - PAXTON AMBULANCE STATION (SQUARE FEET)	B&F - AMBULANCE STAFF RESIDENCE (SQUARE FEET)	B&F - AMBULANCE BUILDING (SQUARE FEET)	B&F - # 10 DOCTOR'S PARK (SQUARE FEET)	B&F - COSMETOLOGY OFFICE (SQUARE FEET)	
			1.14	1.15	1.16	1.17	1.18	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	4,500					1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	2,346				1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	0	3,228			1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	0	0	14,140		1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	1,554	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	0	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	0	1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	0	1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	0	1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5.02	00501	ALL OTHER ADMIN & GENERAL	0	0	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	13	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,070	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - PAXTON AMBULANCE STATION (SQUARE FEET)	B&F - AMBULANCE STAFF RESIDENCE (SQUARE FEET)	B&F - AMBULANCE BUILDING (SQUARE FEET)	B&F - # 10 DOCTOR'S PARK (SQUARE FEET)	B&F - COSMETOLOGY OFFICE (SQUARE FEET)	
			1.14	1.15	1.16	1.17	1.18	
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	294	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	65	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
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
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	4,500	2,346	3,228	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,500	2,346	3,228	7,377	65	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	1,489	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	2,187	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	4,576	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,146	6,836	24,814	35,832	6,685	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.365778	2.913896	7.687113	2.534088	4.301802	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - ANESTHESIA HOUSE (SQUARE FEET)	B&F - #7 DOCTOR'S PARK (SQUARE FEET)	B&F - #4 DOCTOR'S PARK (SQUARE FEET)	B&F - #8 DOCTOR'S PARK (SQUARE FEET)	B&F - HARMS HOUSE/IT (SQUARE FEET)	
			1.19	1.20	1.21	1.22	1.25	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE	1,250					1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	4,032				1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	4,032			1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	5,760		1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	3,952	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	3,952	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,250	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	4,032	0	5,760	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	2,016	0	0	90.01

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - ANESTHESIA HOUSE (SQUARE FEET)	B&F - #7 DOCTOR'S PARK (SQUARE FEET)	B&F - #4 DOCTOR'S PARK (SQUARE FEET)	B&F - #8 DOCTOR'S PARK (SQUARE FEET)	B&F - HARMS HOUSE/IT (SQUARE FEET)	
			1.19	1.20	1.21	1.22	1.25	
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,250	4,032	2,016	5,760	3,952	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	2,016	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,578	10,836	1,733	14,372	29,665	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.262400	2.687500	0.429812	2.495139	7.506326	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
			B&F - 9TH ST. EDUCATION HOUSE (SQUARE FEET)	B&F - FALCON POINT RESIDENCE (SQUARE FEET)	B&F - 2012 NEW STORAGE SHED (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)		
			1.26	1.27	1.28	2.00	4.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	1,208					1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	1,928				1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	4,224			1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2,513,831		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	5,600	35,581,644	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	978	1,721,545	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	1,208	0	4,224	965,740	5,241,285	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	10,714	662,300	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	36,318	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	8,526	251,652	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	429,492	9.00
10.00	01000	DIETARY	0	0	0	1,064	274,278	10.00
11.00	01100	CAFETERIA	0	0	0	0	266,239	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	330,815	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	642,853	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	17	301,710	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	15,924	2,544,080	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	2,427	56,147	31.00
43.00	04300	NURSERY	0	0	0	0	394,427	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	41,454	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	27,156	1,620,672	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	119,526	2,052,073	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	363,447	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	164,706	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	13,972	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	703,337	1,624,187	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	52,940	56.00
60.00	06000	LABORATORY	0	0	0	62,351	1,017,285	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,679	415,697	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,883	1,320,010	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	296,541	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	240	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	4,823	26,322	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	8,848	72,460	73.01
73.02	07302	WOUND CARE	0	0	0	9,683	222,526	73.02
73.03	07303	SLEEP LAB	0	0	0	5,447	85,402	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	67,966	4,154,320	88.00
90.00	09000	CLINIC	0	0	0	3,348	258,159	90.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
			B&F - 9TH ST. EDUCATION HOUSE (SQUARE FEET)	B&F - FALCON POINT RESIDENCE (SQUARE FEET)	B&F - 2012 NEW STORAGE SHED (SQUARE FEET)	MOVABLE EQUIP (DOLLAR VALUE)		
			1.26	1.27	1.28	2.00	4.00	
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	221,687	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	934	5,980	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	2,971	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	1,310	10,013	90.04
91.00	09100	EMERGENCY	0	0	0	32,303	1,387,982	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	214,065	1,903,339	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,208	0	4,224	2,312,592	30,470,583	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	84,855	192.02
194.00	07950	FALCON POINT RENTAL	0	1,928	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	57,040	64,871	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	11,295	112,080	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	134,891	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	892,256	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	6,589	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	5,395	102,133	194.09
194.10	07960	WIC	0	0	0	0	129,639	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	60,924	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	11,797	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	16,094	396,520	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	45,330	1,802,845	194.17
194.18	07968	GAFM	0	0	0	0	119,722	194.18
194.19	07969	GAPC	0	0	0	0	83,715	194.19
194.20	07970	FHCF	0	0	0	0	45,369	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	141,104	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	11,332	249,951	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	76,523	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	30,141	93,451	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	62,140	194.25
194.26	07976	DENTAL CLINIC	0	0	0	23,660	308,810	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	952	130,876	194.27
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)	32,568	9,671	12,878	2,904,241	13,826,453	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	26.960265	5.016079	3.048769	1.155305	0.388584	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					12,378	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					0.000348	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description		Reconciliation	CASHIERING/AC COUNTS RECEIVABLE (ACCUM. COST)	Reconciliation	ALL OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5A.01	5.01	5A.02	5.02	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.02	00102	B&F - ONARGA RHC					1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15
1.16	00116	B&F - AMBULANCE BUILDING					1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK					1.17
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18
1.19	00119	B&F - ANESTHESIA HOUSE					1.19
1.20	00120	B&F - #7 DOCTOR'S PARK					1.20
1.21	00121	B&F - #4 DOCTOR'S PARK					1.21
1.22	00122	B&F - #8 DOCTOR'S PARK					1.22
1.25	00125	B&F - HARMS HOUSE/IT					1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE					1.26
1.27	00127	B&F - FALCON POINT RESIDENCE					1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED					1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE	-3,433,767	43,769,172			5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	-14,955,023	0	-14,955,023	83,256,579	5.02
7.00	00700	OPERATION OF PLANT	-2,061,301	0	0	2,061,301	78,876
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	-491,905	0	0	491,905	0
8.00	00800	LAUNDRY & LINEN SERVICE	-386,228	0	0	386,228	1,689
9.00	00900	HOUSEKEEPING	-721,137	0	0	721,137	718
10.00	01000	DIETARY	-645,914	0	0	645,914	2,018
11.00	01100	CAFETERIA	-506,172	0	0	506,172	1,056
13.00	01300	NURSING ADMINISTRATION	-693,940	0	0	693,940	293
14.00	01400	CENTRAL SERVICES & SUPPLY	-384,223	0	0	384,223	2,846
15.00	01500	PHARMACY	-1,228,239	0	0	1,228,239	827
16.00	01600	MEDICAL RECORDS & LIBRARY	-536,830	0	0	536,830	1,430
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	4,091,959	0	4,412,981	17,485
31.00	03100	INTENSIVE CARE UNIT	0	94,768	0	102,203	887
43.00	04300	NURSERY	0	619,547	0	668,152	617
44.00	04400	SKILLED NURSING FACILITY	-68,311	0	0	68,311	639
46.00	04600	OTHER LONG TERM CARE	-2,588,668	0	0	2,588,668	13,026
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	3,961,046	0	4,271,798	11,805
51.00	05100	RECOVERY ROOM	0	542,239	0	584,779	1,470
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	309,080	0	333,328	1,922
53.00	05300	ANESTHESIOLOGY	0	6,619	0	7,138	529
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,152,727	0	4,478,503	6,102
56.00	05600	RADIOISOTOPE	0	167,203	0	180,320	325
60.00	06000	LABORATORY	0	2,621,110	0	2,826,741	1,799
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	58,286	0	62,859	370
64.00	06400	INTRAVENOUS THERAPY	0	3,774	0	4,070	398
65.00	06500	RESPIRATORY THERAPY	0	674,076	0	726,959	339
66.00	06600	PHYSICAL THERAPY	0	1,964,817	0	2,118,961	0
67.00	06700	OCCUPATIONAL THERAPY	0	414,835	0	447,380	0
68.00	06800	SPEECH PATHOLOGY	0	64,353	0	69,402	0
69.00	06900	ELECTROCARDIOLOGY	0	50,415	0	54,370	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,261,644	0	1,360,622	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,831,116	0	4,131,675	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,877,702	0	2,025,011	569
73.01	07301	CARDIAC REHAB	0	124,933	0	134,734	1,128
73.02	07302	WOUND CARE	0	580,817	0	626,383	717
73.03	07303	SLEEP LAB	0	282,805	0	304,992	0
73.04	03950	DIETARY EDUCATION	0	76,255	0	82,237	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	-16,138,838	0	0	16,138,838	0
90.00	09000	CLINIC	0	407,333	0	439,289	975
90.01	09001	GERI PSYCH CLINIC	0	423,660	0	456,897	0
90.02	09002	ORTHO AND CARDIO CLINIC	0	40,947	0	44,159	0
90.03	09003	GENERAL SURGERY CLINIC	0	16,722	0	18,034	0

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			Reconciliation	CASHIERING/AC COUNTS RECEIVABLE (ACCUM. COST)	Reconciliation	ALL OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5A.01	5.01	5A.02	5.02	7.00	
90.04	09004	GAPC AND #3 CLINIC	0	24,816	0	26,763	0	90.04
91.00	09100	EMERGENCY	0	3,046,206	0	3,285,187	5,161	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	-3,016,638	0	0	3,016,638	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-47,857,134	31,791,810	-14,955,023	63,754,271	77,140	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-3,423	0	0	3,423	361	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	-462,171	0	0	462,171	177	192.02
194.00	07950	FALCON POINT RENTAL	0	9,671	0	10,430	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	902,098	0	972,869	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	-1,024,293	0	0	1,024,293	0	194.02
194.03	07953	WELLNESS CENTER	-205,705	0	0	205,705	0	194.03
194.04	07954	PSYCH CLINIC	0	2,143,331	0	2,311,480	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	179,257	0	193,320	0	194.07
194.08	07958	340B PHARMACY	-189,414	0	0	189,414	0	194.08
194.09	07959	GAH CARDIOLOGY	0	671,708	0	724,405	0	194.09
194.10	07960	WIC	-186,589	0	0	186,589	0	194.10
194.11	07961	PULMONARY CLINIC	0	497,392	0	536,413	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	41,804	0	45,084	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	3,463,603	0	3,735,330	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	-2,795,331	0	0	2,795,331	0	194.17
194.18	07968	GAFM	0	482,249	0	520,082	0	194.18
194.19	07969	GAPC	0	548,447	0	591,474	0	194.19
194.20	07970	FHCF	0	109,132	0	117,694	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	571,467	0	616,300	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	776,375	0	837,283	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	217,748	0	234,831	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	967,341	0	1,043,231	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	395,739	0	426,786	0	194.25
194.26	07976	DENTAL CLINIC	-899,477	0	0	899,477	1,198	194.26
194.27	07977	RETAIL PHARMACY	-818,893	0	0	818,893	0	194.27
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		3,433,767		14,955,023	2,431,564	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.078452		0.179626	30.827679	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		60,525		1,410,884	231,221	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.001383		0.016946	2.931449	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description		OPERATION OF PLANT-OUTSIDE PROPERTY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.01	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.02	00102	B&F - ONARGA RHC					1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15
1.16	00116	B&F - AMBULANCE BUILDING					1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK					1.17
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18
1.19	00119	B&F - ANESTHESIA HOUSE					1.19
1.20	00120	B&F - #7 DOCTOR'S PARK					1.20
1.21	00121	B&F - #4 DOCTOR'S PARK					1.21
1.22	00122	B&F - #8 DOCTOR'S PARK					1.22
1.25	00125	B&F - HARMS HOUSE/IT					1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE					1.26
1.27	00127	B&F - FALCON POINT RESIDENCE					1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED					1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02	00591	ALL OTHER ADMIN & GENERAL					5.02
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	157,521				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	385,467			8.00
9.00	00900	HOUSEKEEPING	13	76,595	93,650		9.00
10.00	01000	DIETARY	0	11,922	2,018	49,326	10.00
11.00	01100	CAFETERIA	0	15,688	1,056	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	293	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,846	0	14.00
15.00	01500	PHARMACY	0	0	827	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,430	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	67,631	17,485	11,628	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	887	48	31.00
43.00	04300	NURSERY	0	1,134	617	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	19,180	639	939	44.00
46.00	04600	OTHER LONG TERM CARE	0	93,052	13,026	36,711	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	36,463	11,805	0	50.00
51.00	05100	RECOVERY ROOM	0	0	1,470	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,934	1,922	0	52.00
53.00	05300	ANESTHESIOLOGY	1,250	0	1,779	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,363	6,102	0	54.00
56.00	05600	RADIOISOTOPE	0	0	325	0	56.00
60.00	06000	LABORATORY	0	0	1,799	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	370	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	398	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	7,409	0	65.00
66.00	06600	PHYSICAL THERAPY	7,070	26,491	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	569	0	73.00
73.01	07301	CARDIAC REHAB	0	0	1,128	0	73.01
73.02	07302	WOUND CARE	0	0	717	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	54,780	0	0	0	88.00
90.00	09000	CLINIC	0	0	975	0	90.00
90.01	09001	GERI PSYCH CLINIC	2,016	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	294	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	149	0	0	0	90.03

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description			OPERATION OF PLANT-OUTSIDE PROPERTY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
			7.01	8.00	9.00	10.00	11.00	
90.04	09004	GAPC AND #3 CLINIC	168	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	20,014	5,161	0	1,404	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	11,874	0	5,574	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	77,614	385,467	88,627	49,326	24,427	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	361	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	177	0	0	192.02
194.00	07950	FALCON POINT RENTAL	1,928	0	1,928	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	1,932	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	1,489	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	7,000	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	4,808	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	2,187	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	1,359	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	1,900	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	4,576	0	0	0	0	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	39,903	0	0	0	0	194.17
194.18	07968	GAFM	1,852	0	0	0	0	194.18
194.19	07969	GAPC	1,932	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	6,175	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	1,932	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	533	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	1,198	0	0	194.26
194.27	07977	RETAIL PHARMACY	1,760	0	0	0	0	194.27
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)	580,264	507,673	973,732	860,831	661,290	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.683725	1.317034	10.397565	17.451871	27.072092	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	8,349	37,451	30,442	39,137	23,648	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.053002	0.097157	0.325061	0.793436	0.968109	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	OB UNIT - BLDG & FIXT				1.01
1.02	00102	B&F - ONARGA RHC				1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN				1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC				1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC				1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC				1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC				1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC				1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER				1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION				1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE				1.15
1.16	00116	B&F - AMBULANCE BUILDING				1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK				1.17
1.18	00118	B&F - COSMETOLOGY OFFICE				1.18
1.19	00119	B&F - ANESTHESIA HOUSE				1.19
1.20	00120	B&F - #7 DOCTOR'S PARK				1.20
1.21	00121	B&F - #4 DOCTOR'S PARK				1.21
1.22	00122	B&F - #8 DOCTOR'S PARK				1.22
1.25	00125	B&F - HARMS HOUSE/IT				1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE				1.26
1.27	00127	B&F - FALCON POINT RESIDENCE				1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED				1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE				5.01
5.02	00501	ALL OTHER ADMIN & GENERAL				5.02
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION	308,870			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,899,615		14.00
15.00	01500	PHARMACY	0	21,090	1,477,584	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,036	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	83,402	116,250	5,806	30.00
31.00	03100	INTENSIVE CARE UNIT	1,659	0	1	31.00
43.00	04300	NURSERY	11,440	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,685	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	65,496	35,932	988	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	62,497	446,406	12,647	50.00
51.00	05100	RECOVERY ROOM	11,401	9,392	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,640	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	13,763	6,511	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,819	6,473	54.00
56.00	05600	RADIOISOTOPE	0	1,053	56	56.00
60.00	06000	LABORATORY	0	39,426	307	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	14,386	1,582	19	65.00
66.00	06600	PHYSICAL THERAPY	0	4,793	530	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	33	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	731	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,019,210	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,881,596	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,261,644	73.00
73.01	07301	CARDIAC REHAB	3,829	669	0	73.01
73.02	07302	WOUND CARE	6,862	8,950	996	73.02
73.03	07303	SLEEP LAB	3,237	327	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	129,190	110,865	88.00
90.00	09000	CLINIC	10,126	16,278	1,416	90.00
90.01	09001	GERI PSYCH CLINIC	0	298	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	1,646	1,019	90.02

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description		NURSING ADMINISTRATIO N (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)		
		13.00	14.00	15.00	16.00		
90.03	09003	GENERAL SURGERY CLINIC	0	80	13	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	117	467	0	90.04
91.00	09100	EMERGENCY	29,210	56,916	985	12,773	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	7,242	12,658	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	308,870	6,825,825	1,423,401	104,506	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	1,835	293	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	400	6,553	0	194.02
194.03	07953	WELLNESS CENTER	0	1,009	0	0	194.03
194.04	07954	PSYCH CLINIC	0	1,580	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	1,025	419	0	194.09
194.10	07960	WIC	0	217	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	88	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	167	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	36,828	23,008	96	194.15
194.16	07966	GA MEDICAL CLINIC	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	3,774	804	0	194.17
194.18	07968	GAFM	0	12,724	2,353	0	194.18
194.19	07969	GAPC	0	1,640	1,861	0	194.19
194.20	07970	FHCF	0	579	2,638	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	1,839	496	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	3,613	4,450	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	608	1,673	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	1,052	8,880	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	4,483	442	0	194.26
194.27	07977	RETAIL PHARMACY	0	329	313	0	194.27
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)	846,479	570,566	1,503,759	709,489	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.740567	0.082695	1.017715	6.782748	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	16,173	42,768	32,387	28,061	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.052362	0.006199	0.021919	0.268264	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

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS	1	74.00	0	1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM	1	94.00	0	2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS	1	74.00	0	3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM	1	94.00	0	4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS	1	74.00	0	5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM	1	94.00	0	6.00
7.00		IV THERAPY RECLASS	1	30.00	-210,889	7.00
8.00		IV THERAPY RECLASS	1	64.00	210,889	8.00
9.00		BLOOD ADMIN AND RECOVERY RECLASS	1	30.00	-13,226	9.00
10.00		BLOOD ADMIN AND RECOVERY RECLASS	1	93.00	13,226	10.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-1317	Period: From 10/01/2018 To 09/30/2019	Worksheet C Part I Date/Time Prepared: 2/26/2020 12:45 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	6,469,828		6,469,828	0	6,469,828	30.00
31.00	03100	INTENSIVE CARE UNIT	164,680		164,680	0	164,680	31.00
43.00	04300	NURSERY	867,039		867,039	0	867,039	43.00
44.00	04400	SKILLED NURSING FACILITY	156,468		156,468	0	156,468	44.00
46.00	04600	OTHER LONG TERM CARE	4,622,611		4,622,611	0	4,622,611	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,947,039		5,947,039	0	5,947,039	50.00
51.00	05100	RECOVERY ROOM	797,280		797,280	0	797,280	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	493,649		493,649	0	493,649	52.00
53.00	05300	ANESTHESIOLOGY	74,436		74,436	0	74,436	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,878,443		5,878,443	0	5,878,443	54.00
56.00	05600	RADIOISOTOPE	234,103		234,103	0	234,103	56.00
60.00	06000	LABORATORY	3,592,151		3,592,151	0	3,592,151	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	89,403		89,403	0	89,403	63.00
64.00	06400	INTRAVENOUS THERAPY	232,097		232,097	0	232,097	64.00
65.00	06500	RESPIRATORY THERAPY	1,005,155	0	1,005,155	0	1,005,155	65.00
66.00	06600	PHYSICAL THERAPY	2,634,346	0	2,634,346	0	2,634,346	66.00
67.00	06700	OCCUPATIONAL THERAPY	537,625	0	537,625	0	537,625	67.00
68.00	06800	SPEECH PATHOLOGY	81,868	0	81,868	0	81,868	68.00
69.00	06900	ELECTROCARDIOLOGY	65,604		65,604	0	65,604	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,772,004		1,772,004	0	1,772,004	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,194,822		5,194,822	0	5,194,822	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,696,207		3,696,207	0	3,696,207	73.00
73.01	07301	CARDIAC REHAB	221,877		221,877	0	221,877	73.01
73.02	07302	WOUND CARE	802,664		802,664	0	802,664	73.02
73.03	07303	SLEEP LAB	374,125		374,125	0	374,125	73.03
73.04	03950	DIETARY EDUCATION	97,009		97,009	0	97,009	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	19,363,078		19,363,078	0	19,363,078	88.00
90.00	09000	CLINIC	611,121		611,121	0	611,121	90.00
90.01	09001	GERI PSYCH CLINIC	546,826		546,826	0	546,826	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	54,374		54,374	0	54,374	90.02
90.03	09003	GENERAL SURGERY CLINIC	21,842		21,842	0	21,842	90.03
90.04	09004	GAPC AND #3 CLINIC	32,674		32,674	0	32,674	90.04
91.00	09100	EMERGENCY	4,324,821		4,324,821	0	4,324,821	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	919,260		919,260	0	919,260	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	13,226		13,226	0	13,226	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,673,683		3,673,683	0	3,673,683	95.00
200.00		Subtotal (see instructions)	75,663,438	0	75,663,438	0	75,663,438	200.00
201.00		Less Observation Beds	919,260		919,260		919,260	201.00
202.00		Total (see instructions)	74,744,178	0	74,744,178	0	74,744,178	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
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			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	7,685,531		7,685,531		30.00
31.00	03100	INTENSIVE CARE UNIT	104,280		104,280		31.00
43.00	04300	NURSERY	642,823		642,823		43.00
44.00	04400	SKILLED NURSING FACILITY	91,432		91,432		44.00
46.00	04600	OTHER LONG TERM CARE	3,144,724		3,144,724		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,326,285	19,699,529	28,025,814	0.212199	50.00
51.00	05100	RECOVERY ROOM	723,637	3,400,039	4,123,676	0.193342	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,773,051	352,652	3,125,703	0.157932	52.00
53.00	05300	ANESTHESIOLOGY	296,633	1,960,799	2,257,432	0.032974	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,723,624	29,601,044	31,324,668	0.187662	54.00
56.00	05600	RADIOISOTOPE	16,509	1,123,644	1,140,153	0.205326	56.00
60.00	06000	LABORATORY	1,497,792	20,724,802	22,222,594	0.161644	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	221,196	182,437	403,633	0.221496	63.00
64.00	06400	INTRAVENOUS THERAPY	27,371	2,866,984	2,894,355	0.080190	64.00
65.00	06500	RESPIRATORY THERAPY	3,252,670	1,231,472	4,484,142	0.224158	65.00
66.00	06600	PHYSICAL THERAPY	1,449,414	6,743,490	8,192,904	0.321540	66.00
67.00	06700	OCCUPATIONAL THERAPY	954,578	847,822	1,802,400	0.298283	67.00
68.00	06800	SPEECH PATHOLOGY	19,896	69,044	88,940	0.920486	68.00
69.00	06900	ELECTROCARDIOLOGY	67,407	1,378,997	1,446,404	0.045357	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,807,428	4,037,616	6,845,044	0.258874	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,209,640	2,290,886	14,500,526	0.358251	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,427,721	12,576,320	18,004,041	0.205299	73.00
73.01	07301	CARDIAC REHAB	0	590,934	590,934	0.375468	73.01
73.02	07302	WOUND CARE	1,018	477,798	478,816	1.676352	73.02
73.03	07303	SLEEP LAB	0	1,202,439	1,202,439	0.311138	73.03
73.04	03950	DIETARY EDUCATION	60,914	29,104	90,018	1.077662	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	14,727,365	14,727,365		88.00
90.00	09000	CLINIC	0	1,058,632	1,058,632	0.577274	90.00
90.01	09001	GERI PSYCH CLINIC	0	852,827	852,827	0.641192	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	28,252	28,252	1.924607	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	11,005	11,005	1.984734	90.03
90.04	09004	GAPC AND #3 CLINIC	0	35,700	35,700	0.915238	90.04
91.00	09100	EMERGENCY	427,881	11,583,032	12,010,913	0.360074	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,298	1,105,434	1,109,732	0.828362	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	100,444	100,444	0.131675	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	5,358,096	5,358,096	0.685632	95.00
200.00		Subtotal (see instructions)	53,957,753	146,248,639	200,206,392		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	53,957,753	146,248,639	200,206,392		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet C
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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.212199			50.00
51.00	05100	RECOVERY ROOM	0.193342			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.157932			52.00
53.00	05300	ANESTHESIOLOGY	0.032974			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.187662			54.00
56.00	05600	RADIOISOTOPE	0.205326			56.00
60.00	06000	LABORATORY	0.161644			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.221496			63.00
64.00	06400	INTRAVENOUS THERAPY	0.080190			64.00
65.00	06500	RESPIRATORY THERAPY	0.224158			65.00
66.00	06600	PHYSICAL THERAPY	0.321540			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.298283			67.00
68.00	06800	SPEECH PATHOLOGY	0.920486			68.00
69.00	06900	ELECTROCARDIOLOGY	0.045357			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.258874			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.358251			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.205299			73.00
73.01	07301	CARDIAC REHAB	0.375468			73.01
73.02	07302	WOUND CARE	1.676352			73.02
73.03	07303	SLEEP LAB	0.311138			73.03
73.04	03950	DIETARY EDUCATION	1.077662			73.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
90.00	09000	CLINIC	0.577274			90.00
90.01	09001	GERI PSYCH CLINIC	0.641192			90.01
90.02	09002	ORTHO AND CARDIO CLINIC	1.924607			90.02
90.03	09003	GENERAL SURGERY CLINIC	1.984734			90.03
90.04	09004	GAPC AND #3 CLINIC	0.915238			90.04
91.00	09100	EMERGENCY	0.360074			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.828362			92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.131675			93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.685632			95.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-1317	Period: From 10/01/2018 To 09/30/2019	Worksheet C Part I Date/Time Prepared: 2/26/2020 12:45 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	6,469,828		6,469,828	0	6,469,828	30.00
31.00	03100	INTENSIVE CARE UNIT	164,680		164,680	0	164,680	31.00
43.00	04300	NURSERY	867,039		867,039	0	867,039	43.00
44.00	04400	SKILLED NURSING FACILITY	156,468		156,468	0	156,468	44.00
46.00	04600	OTHER LONG TERM CARE	4,622,611		4,622,611	0	4,622,611	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,947,039		5,947,039	0	5,947,039	50.00
51.00	05100	RECOVERY ROOM	797,280		797,280	0	797,280	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	493,649		493,649	0	493,649	52.00
53.00	05300	ANESTHESIOLOGY	74,436		74,436	0	74,436	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,878,443		5,878,443	0	5,878,443	54.00
56.00	05600	RADIOISOTOPE	234,103		234,103	0	234,103	56.00
60.00	06000	LABORATORY	3,592,151		3,592,151	0	3,592,151	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	89,403		89,403	0	89,403	63.00
64.00	06400	INTRAVENOUS THERAPY	232,097		232,097	0	232,097	64.00
65.00	06500	RESPIRATORY THERAPY	1,005,155	0	1,005,155	0	1,005,155	65.00
66.00	06600	PHYSICAL THERAPY	2,634,346	0	2,634,346	0	2,634,346	66.00
67.00	06700	OCCUPATIONAL THERAPY	537,625	0	537,625	0	537,625	67.00
68.00	06800	SPEECH PATHOLOGY	81,868	0	81,868	0	81,868	68.00
69.00	06900	ELECTROCARDIOLOGY	65,604		65,604	0	65,604	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,772,004		1,772,004	0	1,772,004	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,194,822		5,194,822	0	5,194,822	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,696,207		3,696,207	0	3,696,207	73.00
73.01	07301	CARDIAC REHAB	221,877		221,877	0	221,877	73.01
73.02	07302	WOUND CARE	802,664		802,664	0	802,664	73.02
73.03	07303	SLEEP LAB	374,125		374,125	0	374,125	73.03
73.04	03950	DIETARY EDUCATION	97,009		97,009	0	97,009	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	19,363,078		19,363,078	0	19,363,078	88.00
90.00	09000	CLINIC	611,121		611,121	0	611,121	90.00
90.01	09001	GERI PSYCH CLINIC	546,826		546,826	0	546,826	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	54,374		54,374	0	54,374	90.02
90.03	09003	GENERAL SURGERY CLINIC	21,842		21,842	0	21,842	90.03
90.04	09004	GAPC AND #3 CLINIC	32,674		32,674	0	32,674	90.04
91.00	09100	EMERGENCY	4,324,821		4,324,821	0	4,324,821	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	919,260		919,260	0	919,260	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	13,226		13,226	0	13,226	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,673,683		3,673,683	0	3,673,683	95.00
200.00		Subtotal (see instructions)	75,663,438	0	75,663,438	0	75,663,438	200.00
201.00		Less Observation Beds	919,260		919,260		919,260	201.00
202.00		Total (see instructions)	74,744,178	0	74,744,178	0	74,744,178	202.00

Worksheet C
Part I
Date/Time Prepared:
2/26/2020 12:45 pm

2/26/2020 12:45 pm W:\HFSWIN\Data\Final MCR\2019\Gibson 103220\Hospital - Medicare\GAHH0919.mcrx

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
2/26/2020 12:45 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
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
60.00	06000	LABORATORY	0.000000			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
73.01	07301	CARDIAC REHAB	0.000000			73.01
73.02	07302	WOUND CARE	0.000000			73.02
73.03	07303	SLEEP LAB	0.000000			73.03
73.04	03950	DIETARY EDUCATION	0.000000			73.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	GERI PSYCH CLINIC	0.000000			90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0.000000			90.02
90.03	09003	GENERAL SURGERY CLINIC	0.000000			90.03
90.04	09004	GAPC AND #3 CLINIC	0.000000			90.04
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-1317	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part II Date/Time Prepared: 2/26/2020 12:45 pm
Title XVIII				Hospital		Cost
Cost Center Description	Capital Related Cost (from Wkst. C, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	391,797	28,025,814	0.013980	3,017,780	42,189	50.00
51.00 05100 RECOVERY ROOM	30,699	4,123,676	0.007445	246,378	1,834	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	71,396	3,125,703	0.022842	0	0	52.00
53.00 05300 ANESTHESIOLOGY	40,107	2,257,432	0.017767	75,921	1,349	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	986,361	31,324,668	0.031488	781,717	24,615	54.00
56.00 05600 RADIOISOTOPE	7,735	1,140,153	0.006784	15,639	106	56.00
60.00 06000 LABORATORY	153,986	22,222,594	0.006929	695,876	4,822	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	5,860	403,633	0.014518	11,298	164	63.00
64.00 06400 INTRAVENOUS THERAPY	5,144	2,894,355	0.001777	14,010	25	64.00
65.00 06500 RESPIRATORY THERAPY	38,477	4,484,142	0.008581	1,342,550	11,520	65.00
66.00 06600 PHYSICAL THERAPY	72,928	8,192,904	0.008901	299,162	2,663	66.00
67.00 06700 OCCUPATIONAL THERAPY	8,611	1,802,400	0.004778	161,050	769	67.00
68.00 06800 SPEECH PATHOLOGY	1,265	88,940	0.014223	7,634	109	68.00
69.00 06900 ELECTROCARDIOLOGY	6,627	1,446,404	0.004582	34,845	160	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	37,319	6,845,044	0.005452	904,953	4,934	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	99,374	14,500,526	0.006853	5,517,571	37,812	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	71,814	18,004,041	0.003989	1,722,521	6,871	73.00
73.01 07301 CARDIAC REHAB	27,492	590,934	0.046523	0	0	73.01
73.02 07302 WOUND CARE	32,758	478,816	0.068415	0	0	73.02
73.03 07303 SLEEP LAB	12,253	1,202,439	0.010190	0	0	73.03
73.04 03950 DIETARY EDUCATION	1,499	90,018	0.016652	11,400	190	73.04
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	709,715	14,727,365	0.048190	0	0	88.00
90.00 09000 CLINIC	25,875	1,058,632	0.024442	0	0	90.00
90.01 09001 GERI PSYCH CLINIC	9,397	852,827	0.011019	0	0	90.01
90.02 09002 ORTHO AND CARDIO CLINIC	2,680	28,252	0.094861	0	0	90.02
90.03 09003 GENERAL SURGERY CLINIC	4,049	11,005	0.367924	0	0	90.03
90.04 09004 GAPC AND #3 CLINIC	2,024	35,700	0.056695	0	0	90.04
91.00 09100 EMERGENCY	172,072	12,010,913	0.014326	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	67,870	1,109,732	0.061159	1,386	85	92.00
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	100,444	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	3,097,184	183,179,506		14,861,691	140,217	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part IV
Date/Time Prepared:
2/26/2020 12:45 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
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0 73.01
73.02	07302	WOUND CARE	0	0	0	0	0 73.02
73.03	07303	SLEEP LAB	0	0	0	0	0 73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0 73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0 90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	0 90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0 90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0 90.04
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
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0 93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS Provider CCN: 14-1317 Period: From 10/01/2018 To 09/30/2019 Worksheet D Part IV Date/Time Prepared: 2/26/2020 12:45 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	0	28,025,814	0.000000 50.00
51.00	05100	RECOVERY ROOM	0	0	0	4,123,676	0.000000 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,125,703	0.000000 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	2,257,432	0.000000 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	31,324,668	0.000000 54.00
56.00	05600	RADIOISOTOPE	0	0	0	1,140,153	0.000000 56.00
60.00	06000	LABORATORY	0	0	0	22,222,594	0.000000 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	403,633	0.000000 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	2,894,355	0.000000 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,484,142	0.000000 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,192,904	0.000000 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,802,400	0.000000 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	88,940	0.000000 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,446,404	0.000000 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,845,044	0.000000 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,500,526	0.000000 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	18,004,041	0.000000 73.00
73.01	07301	CARDIAC REHAB	0	0	0	590,934	0.000000 73.01
73.02	07302	WOUND CARE	0	0	0	478,816	0.000000 73.02
73.03	07303	SLEEP LAB	0	0	0	1,202,439	0.000000 73.03
73.04	03950	DIETARY EDUCATION	0	0	0	90,018	0.000000 73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	14,727,365	0.000000 88.00
90.00	09000	CLINIC	0	0	0	1,058,632	0.000000 90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	852,827	0.000000 90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	28,252	0.000000 90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	11,005	0.000000 90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	35,700	0.000000 90.04
91.00	09100	EMERGENCY	0	0	0	12,010,913	0.000000 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	1,109,732	0.000000 92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	100,444	0.000000 93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	0	0	0	183,179,506	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part IV
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description		Title XVIII		Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	3,017,780	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	246,378	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	75,921	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	781,717	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	15,639	0	0	56.00
60.00	06000	LABORATORY	0.000000	695,876	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	11,298	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	14,010	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,342,550	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	299,162	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	161,050	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	7,634	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	34,845	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	904,953	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,517,571	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,722,521	0	0	73.00
73.01	07301	CARDIAC REHAB	0.000000	0	0	0	73.01
73.02	07302	WOUND CARE	0.000000	0	0	0	73.02
73.03	07303	SLEEP LAB	0.000000	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0.000000	11,400	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0.000000	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0.000000	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0.000000	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0.000000	0	0	0	90.04
91.00	09100	EMERGENCY	0.000000	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,386	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		14,861,691	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part V
Date/Time Prepared:
2/26/2020 12:45 pm

			Title XVIII		Hospital		Cost	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.212199	0	5,478,684	0	0	50.00
51.00	05100	RECOVERY ROOM	0.193342	0	1,014,916	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.157932	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.032974	0	687,196	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.187662	0	8,993,767	50	0	54.00
56.00	05600	RADIOISOTOPE	0.205326	0	433,136	67	0	56.00
60.00	06000	LABORATORY	0.161644	0	7,668,943	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.221496	0	75,502	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.080190	0	820,822	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.224158	0	404,499	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.321540	0	1,873,308	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.298283	0	213,711	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.920486	0	21,052	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.045357	0	520,648	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.258874	0	892,998	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.358251	0	1,006,589	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.205299	0	4,296,797	2,304	0	73.00
73.01	07301	CARDIAC REHAB	0.375468	0	281,184	0	0	73.01
73.02	07302	WOUND CARE	1.676352	0	240,361	0	0	73.02
73.03	07303	SLEEP LAB	0.311138	0	303,423	0	0	73.03
73.04	03950	DIETARY EDUCATION	1.077662	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
90.00	09000	CLINIC	0.577274	0	404,328	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0.641192	0	763,458	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	1.924607	0	5,323	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	1.984734	0	1,813	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0.915238	0	5,135	0	0	90.04
91.00	09100	EMERGENCY	0.360074	0	3,203,510	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.828362	0	393,179	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.131675	0	31,663	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.685632	0	0	0	0	95.00
200.00		Subtotal (see instructions)		0	40,035,945	2,421	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	40,035,945	2,421	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-1317		Period: From 10/01/2018 To 09/30/2019	Worksheet D Part V Date/Time Prepared: 2/26/2020 12:45 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	1,162,571	0		50.00
51.00	05100	RECOVERY ROOM	196,226	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	22,660	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,687,788	9		54.00
56.00	05600	RADIOISOTOPE	88,934	14		56.00
60.00	06000	LABORATORY	1,239,639	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,723	0		63.00
64.00	06400	INTRAVENOUS THERAPY	65,822	0		64.00
65.00	06500	RESPIRATORY THERAPY	90,672	0		65.00
66.00	06600	PHYSICAL THERAPY	602,343	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	63,746	0		67.00
68.00	06800	SPEECH PATHOLOGY	19,378	0		68.00
69.00	06900	ELECTROCARDIOLOGY	23,615	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	231,174	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	360,612	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	882,128	473		73.00
73.01	07301	CARDIAC REHAB	105,576	0		73.01
73.02	07302	WOUND CARE	402,930	0		73.02
73.03	07303	SLEEP LAB	94,406	0		73.03
73.04	03950	DIETARY EDUCATION	0	0		73.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
90.00	09000	CLINIC	233,408	0		90.00
90.01	09001	GERI PSYCH CLINIC	489,523	0		90.01
90.02	09002	ORTHO AND CARDIO CLINIC	10,245	0		90.02
90.03	09003	GENERAL SURGERY CLINIC	3,598	0		90.03
90.04	09004	GAPC AND #3 CLINIC	4,700	0		90.04
91.00	09100	EMERGENCY	1,153,501	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	325,695	0		92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	4,169	0		93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	9,581,782	496		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	9,581,782	496		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-1317

Period:

Worksheet D

Component CCN:14-Z317

From 10/01/2018
To 09/30/2019Part V
Date/Time Prepared:
2/26/2020 12:45 pm

			Title XVIII		Swing Beds - SNF		Cost	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.212199	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.193342	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.157932	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.032974	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.187662	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.205326	0	0	0	0	56.00
60.00	06000	LABORATORY	0.161644	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.221496	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.080190	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.224158	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.321540	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.298283	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.920486	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.045357	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.258874	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.358251	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.205299	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0.375468	0	0	0	0	73.01
73.02	07302	WOUND CARE	1.676352	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0.311138	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	1.077662	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
90.00	09000	CLINIC	0.577274	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0.641192	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	1.924607	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	1.984734	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0.915238	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.360074	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.828362	0	0	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.131675	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.685632		0			95.00
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: 14-1317

Period:

Worksheet D

Component CCN: 14-Z317

From 10/01/2018
To 09/30/2019Part V
Date/Time Prepared:
2/26/2020 12:45 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				
51.00	05100	RECOVERY ROOM	0	0				
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0				
53.00	05300	ANESTHESIOLOGY	0	0				
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0				
56.00	05600	RADIOISOTOPE	0	0				
60.00	06000	LABORATORY	0	0				
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0				
64.00	06400	INTRAVENOUS THERAPY	0	0				
65.00	06500	RESPIRATORY THERAPY	0	0				
66.00	06600	PHYSICAL THERAPY	0	0				
67.00	06700	OCCUPATIONAL THERAPY	0	0				
68.00	06800	SPEECH PATHOLOGY	0	0				
69.00	06900	ELECTROCARDIOLOGY	0	0				
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0				
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0				
73.01	07301	CARDIAC REHAB	0	0				
73.02	07302	WOUND CARE	0	0				
73.03	07303	SLEEP LAB	0	0				
73.04	03950	DIETARY EDUCATION	0	0				
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0				
90.00	09000	CLINIC	0	0				
90.01	09001	GERI PSYCH CLINIC	0	0				
90.02	09002	ORTHO AND CARDIO CLINIC	0	0				
90.03	09003	GENERAL SURGERY CLINIC	0	0				
90.04	09004	GAPC AND #3 CLINIC	0	0				
91.00	09100	EMERGENCY	0	0				
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0				
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0				
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0					
200.00		Subtotal (see instructions)	0	0				
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0					
202.00		Net Charges (line 200 - line 201)	0	0				

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-1317 Component CCN: 14-5979		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/26/2020 12:45 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-1317 Component CCN:14-5979		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/26/2020 12:45 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				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	0	0	28,025,814	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	4,123,676	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	3,125,703	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	2,257,432	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	31,324,668	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	1,140,153	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	0	22,222,594	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	403,633	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	2,894,355	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	4,484,142	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	8,192,904	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,802,400	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	88,940	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,446,404	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,845,044	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	14,500,526	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	18,004,041	0.000000	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	590,934	0.000000	73.01
73.02	07302	WOUND CARE	0	0	0	0	478,816	0.000000	73.02
73.03	07303	SLEEP LAB	0	0	0	0	1,202,439	0.000000	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	90,018	0.000000	73.04
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	14,727,365	0.000000	88.00
90.00	09000	CLINIC	0	0	0	0	1,058,632	0.000000	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	852,827	0.000000	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	28,252	0.000000	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	11,005	0.000000	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	35,700	0.000000	90.04
91.00	09100	EMERGENCY	0	0	0	0	12,010,913	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	1,109,732	0.000000	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	100,444	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)	0	0	0	0	183,179,506		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-1317 Component CCN: 14-5979		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/26/2020 12:45 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	27,594	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0.000000	10,858	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	2,387	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	81,405	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	143,494	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,391	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	7,661	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0.000000	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0.000000	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0.000000	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0.000000	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	0	88.00
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0.000000	0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0.000000	0	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0.000000	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0.000000	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			275,790	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-1317

Period:

Worksheet D

Component CCN:14-5979

From 10/01/2018
To 09/30/2019Part V
Date/Time Prepared:
2/26/2020 12:45 pm

Title XVIII

Skilled Nursing
Facility

PPS

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.212199	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.193342	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.157932	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.032974	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.187662	0	0	24	54.00
56.00	05600	RADIOISOTOPE	0.205326	0	0	12	56.00
60.00	06000	LABORATORY	0.161644	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.221496	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.080190	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.224158	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.321540	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.298283	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.920486	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.045357	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.258874	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.358251	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.205299	0	0	2,310	73.00
73.01	07301	CARDIAC REHAB	0.375468	0	0	0	73.01
73.02	07302	WOUND CARE	1.676352	0	0	0	73.02
73.03	07303	SLEEP LAB	0.311138	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	1.077662	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000				88.00
90.00	09000	CLINIC	0.577274	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0.641192	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	1.924607	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	1.984734	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0.915238	0	0	0	90.04
91.00	09100	EMERGENCY	0.360074	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.828362	0	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.131675	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.685632		0		95.00
200.00		Subtotal (see instructions)		0	0	2,346	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	2,346	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-1317 Component CCN:14-5979		Period: From 10/01/2018 To 09/30/2019	Worksheet D Part V Date/Time Prepared: 2/26/2020 12:45 pm
			Title XVIII		Skilled Nursing Facility	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5		54.00
56.00	05600	RADIOISOTOPE	0	2		56.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	474		73.00
73.01	07301	CARDIAC REHAB	0	0		73.01
73.02	07302	WOUND CARE	0	0		73.02
73.03	07303	SLEEP LAB	0	0		73.03
73.04	03950	DIETARY EDUCATION	0	0		73.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	GERI PSYCH CLINIC	0	0		90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0		90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0		90.03
90.04	09004	GAPC AND #3 CLINIC	0	0		90.04
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0		93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	481		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	481		202.00

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-1317 Component CCN:14-5979		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/26/2020 12:45 pm	
				Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description				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	0	0	28,025,814	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	4,123,676	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	3,125,703	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	2,257,432	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	31,324,668	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	1,140,153	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	0	22,222,594	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	403,633	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	2,894,355	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	4,484,142	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	8,192,904	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,802,400	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	88,940	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,446,404	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,845,044	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	14,500,526	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	18,004,041	0.000000	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	590,934	0.000000	73.01
73.02	07302	WOUND CARE	0	0	0	0	478,816	0.000000	73.02
73.03	07303	SLEEP LAB	0	0	0	0	1,202,439	0.000000	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	90,018	0.000000	73.04
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	14,727,365	0.000000	88.00
90.00	09000	CLINIC	0	0	0	0	1,058,632	0.000000	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	852,827	0.000000	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	28,252	0.000000	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	11,005	0.000000	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	35,700	0.000000	90.04
91.00	09100	EMERGENCY	0	0	0	0	12,010,913	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	1,109,732	0.000000	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	100,444	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)	0	0	0	0	183,179,506		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-1317 Component CCN:14-5979		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/26/2020 12:45 pm	
				Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0.000000	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0.000000	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0.000000	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0.000000	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	0	88.00
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0.000000	0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0.000000	0	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0.000000	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0.000000	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1317	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/26/2020 12:45 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)		3,876	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,441	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,926	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		270	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)		889	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		54	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)		222	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		847	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)		222	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)		691	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		155.41	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		160.07	20.00
21.00	Total general inpatient routine service cost (see instructions)		6,469,828	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)		8,392	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)		35,536	25.00
26.00	Total swing-bed cost (see instructions)		2,112,708	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,357,120	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,357,120	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)		1,784.97	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,511,870	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)		1,511,870	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-1317	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/26/2020 12:45 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)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	164,680	32	5,146.25	21	108,071	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)					3,988,317	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,608,258	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)					396,263	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					1,233,414	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					1,629,677	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)					515	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,784.97	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					919,260	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet D-1

Date/Time Prepared:
2/26/2020 12:45 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	477,675	6,469,828	0.073831	919,260	67,870
91.00	Nursing School cost	0	6,469,828	0.000000	919,260	0
92.00	Allied health cost	0	6,469,828	0.000000	919,260	0
93.00	All other Medical Education	0	6,469,828	0.000000	919,260	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/26/2020 12:45 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		313	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		313	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)		313	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		313	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		156,468	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		156,468	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)		156,468	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/26/2020 12:45 pm
				Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges						54.00
55.00 Target amount per discharge						55.00
56.00 Target amount (line 54 x line 55)						56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00 Bonus payment (see instructions)						58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00 Relief payment (see instructions)						62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					156,468	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					499.90	71.00
72.00 Program routine service cost (line 9 x line 71)					156,469	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					156,469	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00 Program capital-related costs (line 9 x line 76)					0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00 Inpatient routine service cost per diem limitation					0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)					156,469	83.00
84.00 Program inpatient ancillary services (see instructions)					78,637	84.00
85.00 Utilization review - physician compensation (see instructions)					0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					235,106	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-1317 Component CCN:14-5979		Period: From 10/01/2018 To 09/30/2019		Worksheet D-1 Date/Time Prepared: 2/26/2020 12:45 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)			
		1.00	2.00	3.00	4.00	5.00			
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	0	0	0.000000	0	0	90.00		
91.00	Nursing School cost	0	0	0.000000	0	0	91.00		
92.00	Allied health cost	0	0	0.000000	0	0	92.00		
93.00	All other Medical Education	0	0	0.000000	0	0	93.00		

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-1317

Period:

Worksheet D-1

Component CCN: 14-5979

From 10/01/2018
To 09/30/2019Date/Time Prepared:
2/26/2020 12:45 pm

Title XIX

Skilled Nursing
Facility

PPS

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	313	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	313	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)	313	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	364	15.00
16.00	Nursery days (title V or XIX only)	87	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	156,468	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	156,468	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)	156,468	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/26/2020 12:45 pm
				Title XIX	Skilled Nursing Facility	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges						54.00
55.00 Target amount per discharge						55.00
56.00 Target amount (line 54 x line 55)						56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00 Bonus payment (see instructions)						58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00 Relief payment (see instructions)						62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					156,468	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					499.90	71.00
72.00 Program routine service cost (line 9 x line 71)					0	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					12,130	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					38.75	76.00
77.00 Program capital-related costs (line 9 x line 76)					0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00 Inpatient routine service cost per diem limitation					0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0	83.00
84.00 Program inpatient ancillary services (see instructions)					0	84.00
85.00 Utilization review - physician compensation (see instructions)					0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-1317

Period:

Worksheet D-1

Component CCN: 14-5979

From 10/01/2018
To 09/30/2019Date/Time Prepared:
2/26/2020 12:45 pm

Title XIX

Skilled Nursing
Facility

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1317	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 2/26/2020 12:45 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		2,342,692	30.00
31.00	03100	INTENSIVE CARE UNIT		66,360	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.212199	3,017,780	50.00
51.00	05100	RECOVERY ROOM	0.193342	246,378	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.157932	0	52.00
53.00	05300	ANESTHESIOLOGY	0.032974	75,921	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.187662	781,717	54.00
56.00	05600	RADIOISOTOPE	0.205326	15,639	56.00
60.00	06000	LABORATORY	0.161644	695,876	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.221496	11,298	63.00
64.00	06400	INTRAVENOUS THERAPY	0.080190	14,010	64.00
65.00	06500	RESPIRATORY THERAPY	0.224158	1,342,550	65.00
66.00	06600	PHYSICAL THERAPY	0.321540	299,162	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.298283	161,050	67.00
68.00	06800	SPEECH PATHOLOGY	0.920486	7,634	68.00
69.00	06900	ELECTROCARDIOLOGY	0.045357	34,845	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.258874	904,953	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.358251	5,517,571	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.205299	1,722,521	73.00
73.01	07301	CARDIAC REHAB	0.375468	0	73.01
73.02	07302	WOUND CARE	1.676352	0	73.02
73.03	07303	SLEEP LAB	0.311138	0	73.03
73.04	03950	DIETARY EDUCATION	1.077662	11,400	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
90.00	09000	CLINIC	0.577274	0	90.00
90.01	09001	GERI PSYCH CLINIC	0.641192	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	1.924607	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	1.984734	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0.915238	0	90.04
91.00	09100	EMERGENCY	0.360074	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.828362	1,386	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.131675	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		14,861,691	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)		14,861,691	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-1317 Component CCN: 14-Z317	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 2/26/2020 12:45 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
31.00	03100	INTENSIVE CARE UNIT		0		31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.212199	0	0	50.00
51.00	05100	RECOVERY ROOM	0.193342	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.157932	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.032974	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.187662	86,251	16,186	54.00
56.00	05600	RADIOISOTOPE	0.205326	0	0	56.00
60.00	06000	LABORATORY	0.161644	174,454	28,199	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.221496	1,602	355	63.00
64.00	06400	INTRAVENOUS THERAPY	0.080190	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.224158	553,090	123,980	65.00
66.00	06600	PHYSICAL THERAPY	0.321540	300,129	96,503	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.298283	241,761	72,113	67.00
68.00	06800	SPEECH PATHOLOGY	0.920486	5,251	4,833	68.00
69.00	06900	ELECTROCARDIOLOGY	0.045357	6,702	304	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.258874	255,740	66,204	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.358251	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.205299	642,504	131,905	73.00
73.01	07301	CARDIAC REHAB	0.375468	0	0	73.01
73.02	07302	WOUND CARE	1.676352	0	0	73.02
73.03	07303	SLEEP LAB	0.311138	0	0	73.03
73.04	03950	DIETARY EDUCATION	1.077662	0	0	73.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
90.00	09000	CLINIC	0.577274	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0.641192	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	1.924607	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	1.984734	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0.915238	0	0	90.04
91.00	09100	EMERGENCY	0.360074	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.828362	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.131675	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,267,484	540,582	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		2,267,484		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 2/26/2020 12:45 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.212199	0	0	50.00
51.00	05100 RECOVERY ROOM	0.193342	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.157932	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.032974	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.187662	27,594	5,178	54.00
56.00	05600 RADIOISOTOPE	0.205326	0	0	56.00
60.00	06000 LABORATORY	0.161644	10,858	1,755	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.221496	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.080190	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.224158	2,387	535	65.00
66.00	06600 PHYSICAL THERAPY	0.321540	81,405	26,175	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.298283	143,494	42,802	67.00
68.00	06800 SPEECH PATHOLOGY	0.920486	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.045357	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.258874	2,391	619	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.358251	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.205299	7,661	1,573	73.00
73.01	07301 CARDIAC REHAB	0.375468	0	0	73.01
73.02	07302 WOUND CARE	1.676352	0	0	73.02
73.03	07303 SLEEP LAB	0.311138	0	0	73.03
73.04	03950 DIETARY EDUCATION	1.077662	0	0	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
90.00	09000 CLINIC	0.577274	0	0	90.00
90.01	09001 GERI PSYCH CLINIC	0.641192	0	0	90.01
90.02	09002 ORTHO AND CARDIO CLINIC	1.924607	0	0	90.02
90.03	09003 GENERAL SURGERY CLINIC	1.984734	0	0	90.03
90.04	09004 GAPC AND #3 CLINIC	0.915238	0	0	90.04
91.00	09100 EMERGENCY	0.360074	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.828362	0	0	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.131675	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		275,790	78,637	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)		275,790		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part B Date/Time Prepared: 2/26/2020 12:45 pm
		Title XVIII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			9,582,278 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	OPPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
4.01	Outlier reconciliation amount (see instructions)			0 4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			9,582,278 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (see instructions)			9,678,101 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)			67,579 25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			6,514,393 26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)			3,096,129 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			3,096,129 30.00
31.00	Primary payer payments			1,107 31.00
32.00	Subtotal (line 30 minus line 31)			3,095,022 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)			563,618 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			366,352 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			563,618 36.00
37.00	Subtotal (see instructions)			3,461,374 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.97	Demonstration payment adjustment amount before sequestration			0 39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			3,461,374 40.00
40.01	Sequestration adjustment (see instructions)			69,227 40.01
40.02	Demonstration payment adjustment amount after sequestration			0 40.02
41.00	Interim payments			3,614,800 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			-222,653 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part B Date/Time Prepared: 2/26/2020 12:45 pm
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		481	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
4.01	Outlier reconciliation amount (see instructions)			4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		481	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		2,346	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		2,346	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)		2,346	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,865	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)		481	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		481	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)		481	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		481	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		481	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		481	40.00
40.01	Sequestration adjustment (see instructions)		10	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		414	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		57	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet E-1
Part I
Date/Time Prepared:
2/26/2020 12:45 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		4,930,368		3,600,454	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	04/23/2019	11,787	04/23/2019	170,075	3.01
3.02		09/05/2019	221,575	09/05/2019	27,000	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	05/02/2019	475,149	05/02/2019	182,729	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)		-241,787		14,346	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,688,581		3,614,800	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		533,692		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		222,653	6.02
7.00	Total Medicare program liability (see instructions)		5,222,273		3,392,147	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-1317
 Component CCN: 14-Z317

 Period:
 From 10/01/2018
 To 09/30/2019

 Worksheet E-1
 Part I
 Date/Time Prepared:
 2/26/2020 12:45 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		2,087,847		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,087,847		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		43,761		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,131,608		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-1317
 Component CCN: 14-5979

 Period:
 From 10/01/2018
 To 09/30/2019

 Worksheet E-1
 Part I
 Date/Time Prepared:
 2/26/2020 12:45 pm

		Title XVIII		Skilled Nursing Facility		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		95,388		414	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		95,388		414	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		57	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		95,388		471	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet E-1
Part II
Date/Time Prepared:
2/26/2020 12:45 pm

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

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN:14-1317 Component CCN:14-Z317	Period: From 10/01/2018 To 09/30/2019	Worksheet E-2 Date/Time Prepared: 2/26/2020 12:45 pm
		Title XVIII	Swing Beds - SNF	Cost
		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	1,645,974	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)	545,988	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	913	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)	2,191,962	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	2,191,962	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)	2,191,962	0	12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	16,852	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)	2,175,110	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)	2,175,110	0	19.00
19.01	Sequestration adjustment (see instructions)	43,502	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)	0	0	19.02
20.00	Interim payments	2,087,847	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)	43,761	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	23.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00
203.00	Total (sum of lines 201 and 202)			203.00
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
205.00	Medicare swing-bed SNF target amount			205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
Comparison of PPS versus Cost Reimbursement				
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317	Period: From 10/01/2018 To 09/30/2019	Worksheet E-3 Part V Date/Time Prepared: 2/26/2020 12:45 pm
		Title XVIII	Hospital	Cost
				1.00
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT				
1.00	Inpatient services		5,608,258	1.00
2.00	Nursing and Allied Health Managed Care payment (see instructions)		0	2.00
3.00	Organ acquisition		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		5,608,258	4.00
5.00	Primary payer payments		0	5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)		5,664,341	6.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
7.00	Routine service charges		0	7.00
8.00	Ancillary service charges		0	8.00
9.00	Organ acquisition charges, net of revenue		0	9.00
10.00	Total reasonable charges		0	10.00
Customary charges				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	11.00
12.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)		0.000000	13.00
14.00	Total customary charges (see instructions)		0	14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)		0	15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)		0	16.00
17.00	Cost of physicians' services in a teaching hospital (see instructions)		0	17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)		5,664,341	19.00
20.00	Deductibles (exclude professional component)		355,664	20.00
21.00	Excess reasonable cost (from line 16)		0	21.00
22.00	Subtotal (line 19 minus line 20 and 21)		5,308,677	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (line 22 minus line 23)		5,308,677	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		31,036	25.00
26.00	Adjusted reimbursable bad debts (see instructions)		20,173	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		31,036	27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)		5,328,850	28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	29.00
29.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	29.50
29.99	Demonstration payment adjustment amount before sequestration		0	29.99
30.00	Subtotal (see instructions)		5,328,850	30.00
30.01	Sequestration adjustment (see instructions)		106,577	30.01
30.02	Demonstration payment adjustment amount after sequestration		0	30.02
31.00	Interim payments		4,688,581	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)		533,692	33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-1317 Component CCN:14-5979	Period: From 10/01/2018 To 09/30/2019	Worksheet E-3 Part VI Date/Time Prepared: 2/26/2020 12:45 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		125,117	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		125,117	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		27,782	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		97,335	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		97,335	15.00
15.01	Sequestration adjustment (see instructions)		1,947	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		95,388	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317	Period: From 10/01/2018 To 09/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 2/26/2020 12:45 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2018 To 09/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 2/26/2020 12:45 pm
		Title XIX	Skilled Nursing Facility	PPS
		Inpatient	Outpatient	
		1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

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

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet G

Date/Time Prepared:
2/26/2020 12:45 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	230,368	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	38,367,412	0	0	0	4.00
5.00	Other receivable	1,037,076	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-18,869,904	0	0	0	6.00
7.00	Inventory	1,070,135	0	0	0	7.00
8.00	Prepaid expenses	1,493,920	0	0	0	8.00
9.00	Other current assets	8,921,412	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	32,250,419	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,152,071	0	0	0	12.00
13.00	Land improvements	2,074,102	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	45,856,374	0	0	0	15.00
16.00	Accumulated depreciation	-45,326,863	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	28,186,166	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	982,020	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	32,923,870	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,880,590	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,071,061	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,951,651	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	68,125,940	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,207,938	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	9,176,930	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	7,340,495	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	26,725,363	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	14,990,680	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,590,901	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	17,581,581	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	44,306,944	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	23,818,996				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	23,818,996	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	68,125,940	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet G-1

Date/Time Prepared:
2/26/2020 12:45 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		25,224,818		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-1,405,822				2.00
3.00	Total (sum of line 1 and line 2)		23,818,996		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	ROUNDING	0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		23,818,996		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	ROUNDING	0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		23,818,996		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	ROUNDING		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	ROUNDING		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
2/26/2020 12:45 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	13,964,638		13,964,638	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	1,593,950		1,593,950	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	91,432		91,432	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	3,574,631		3,574,631	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	19,224,651		19,224,651	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	104,280		104,280	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)	104,280		104,280	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	19,328,931		19,328,931	17.00
18.00	Ancillary services	41,952,017	123,964,890	165,916,907	18.00
19.00	Outpatient services	1,265,866	17,529,759	18,795,625	19.00
20.00	RURAL HEALTH CLINIC	0	15,251,850	15,251,850	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	5,358,096	5,358,096	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER NRCC	0	22,998,623	22,998,623	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	62,546,814	185,103,218	247,650,032	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		106,546,971		29.00
30.00	OTEHR	5,669			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)		5,669		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	INVESTMENT FEES	50,356			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)		50,356		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		106,502,284		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2018
To 09/30/2019

Worksheet G-3

Date/Time Prepared:
2/26/2020 12:45 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	247,650,032	1.00
2.00	Less contractual allowances and discounts on patients' accounts	148,766,114	2.00
3.00	Net patient revenues (line 1 minus line 2)	98,883,918	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	106,502,284	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-7,618,366	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	332,162	6.00
7.00	Income from investments	379,255	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	3,988,598	24.00
24.01	GRANT INCOME	451,521	24.01
24.02	REALIZED GAIN	138,639	24.02
24.03	CHANGE IN TEMP RESTRICT NET ASSETS	719,622	24.03
24.04	UNREALIZED GAINS	89,501	24.04
24.05	NET ASSETS REALED	113,246	24.05
25.00	Total other income (sum of lines 6-24)	6,212,544	25.00
26.00	Total (line 5 plus line 25)	-1,405,822	26.00
27.00	ACCOUNTS IN MISC REV ON AFS	0	27.00
27.01	OTHER EXPENSES (SPECIFY)	0	27.01
27.02	CHANGE IN TEMP RESTRICT NET ASSETS	0	27.02
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)	-1,405,822	29.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS				Provider CCN: 14-1317 Component CCN: 14-3408	Period: From 10/01/2018 To 09/30/2019	Worksheet M-1 Date/Time Prepared: 2/26/2020 12:45 pm	
					RHC I	Cost	
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassificat ions	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	4,703,622	0	4,703,622	-252,101	4,451,521	1.00
2.00	Physician Assistant	221,772	0	221,772	0	221,772	2.00
3.00	Nurse Practitioner	1,731,004	0	1,731,004	0	1,731,004	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	2,188,028	0	2,188,028	0	2,188,028	5.00
6.00	Clinical Psychologist	0	0	0	304,421	304,421	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0	9.00
10.00	Subtotal (sum of lines 1 through 9)	8,844,426	0	8,844,426	52,320	8,896,746	10.00
11.00	Physician Services Under Agreement	68,400	0	68,400	0	68,400	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)	68,400	0	68,400	0	68,400	14.00
15.00	Medical Supplies	0	811,707	811,707	0	811,707	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	811,707	811,707	0	811,707	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	8,912,826	811,707	9,724,533	52,320	9,776,853	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	1,476,569	1,513,233	2,989,802	1,637,728	4,627,530	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	1,476,569	1,513,233	2,989,802	1,637,728	4,627,530	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	10,389,395	2,324,940	12,714,335	1,690,048	14,404,383	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-1317

Period:

Worksheet M-1

Component CCN: 14-3408

From 10/01/2018
To 09/30/2019Date/Time Prepared:
2/26/2020 12:45 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	-123,660	4,327,861	1.00
2.00	Physician Assistant	0	221,772	2.00
3.00	Nurse Practitioner	0	1,731,004	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	2,188,028	5.00
6.00	Clinical Psychologist	0	304,421	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	9.00
10.00	Subtotal (sum of lines 1 through 9)	-123,660	8,773,086	10.00
11.00	Physician Services Under Agreement	0	68,400	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	68,400	14.00
15.00	Medical Supplies	0	811,707	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	17.00
18.00	Professional Liability Insurance	0	0	18.00
19.00	Other Health Care Costs	0	0	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	811,707	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-123,660	9,653,193	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	0	25.01
25.02	Chronic Care Management	0	0	25.02
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	0	0	29.00
30.00	Administrative Costs	-184,819	4,442,711	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-184,819	4,442,711	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-308,479	14,095,904	32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES				Provider CCN: 14-1317 Component CCN: 14-3408	Period: From 10/01/2018 To 09/30/2019	Worksheet M-2 Date/Time Prepared: 2/26/2020 12:45 pm
				RHC I		Cost
	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	5.59	25,742	4,200	23,478	1.00
2.00	Physician Assistant	1.32	5,091	2,100	2,772	2.00
3.00	Nurse Practitioner	7.59	22,309	2,100	15,939	3.00
4.00	Subtotal (sum of lines 1 through 3)	14.50	53,142		42,189	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	5.55	3,267		3,267	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)	20.05	56,409		56,409	8.00
9.00	Physician Services Under Agreements		0		0	9.00
						1.00
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				9,653,193	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				9,653,193	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)				4,442,711	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				5,267,174	15.00
16.00	Total overhead (sum of lines 14 and 15)				9,709,885	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Enter the amount from line 16				9,709,885	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				9,709,885	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				19,363,078	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-1317 Component CCN: 14-3408	Period: From 10/01/2018 To 09/30/2019	Worksheet M-3 Date/Time Prepared: 2/26/2020 12:45 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)			19,363,078	1.00	
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			443,298	2.00	
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			18,919,780	3.00	
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			56,409	4.00	
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0	5.00	
6.00	Total adjusted visits (line 4 plus line 5)			56,409	6.00	
7.00	Adjusted cost per visit (line 3 divided by line 6)			335.40	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)			335.40	335.40	9.00
CALCULATION OF SETTLEMENT						
10.00	Program covered visits excluding mental health services (from contractor records)		0	13,894	10.00	
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		0	4,660,048	11.00	
12.00	Program covered visits for mental health services (from contractor records)		0	3	12.00	
13.00	Program covered cost from mental health services (line 9 x line 12)		0	1,006	13.00	
14.00	Limit adjustment for mental health services (see instructions)		0	1,006	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	4,661,054	16.00	
16.01	Total program charges (see instructions)(from contractor's records)			2,954,270	16.01	
16.02	Total program preventive charges (see instructions)(from provider's records)			183,845	16.02	
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			290,057	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.)			3,336,631	16.04	
16.05	Total program cost (see instructions)		0	3,626,688	16.05	
17.00	Primary payer amounts			42	17.00	
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			200,208	18.00	
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			514,043	19.00	
20.00	Net Medicare cost excluding vaccines (see instructions)			3,626,646	20.00	
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			90,676	21.00	
22.00	Total reimbursable Program cost (line 20 plus line 21)			3,717,322	22.00	
23.00	Allowable bad debts (see instructions)			0	23.00	
23.01	Adjusted reimbursable bad debts (see instructions)			0	23.01	
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	24.00	
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	25.00	
25.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	25.50	
25.99	Demonstration payment adjustment amount before sequestration			0	25.99	
26.00	Net reimbursable amount (see instructions)			3,717,322	26.00	
26.01	Sequestration adjustment (see instructions)			74,346	26.01	
26.02	Demonstration payment adjustment amount after sequestration			0	26.02	
27.00	Interim payments			3,181,125	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)			461,851	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: 14-1317 Component CCN: 14-3408	Period: From 10/01/2018 To 09/30/2019	Worksheet M-4 Date/Time Prepared: 2/26/2020 12:45 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)		8,773,086	8,773,086	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.000595	0.001195	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		5,220	10,484	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		166,905	38,391	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		172,125	48,875	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		9,653,193	9,653,193	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		9,709,885	9,709,885	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.017831	0.005063	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		173,137	49,161	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		345,262	98,036	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		1,188	3,234	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		290.62	30.31	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		222	863	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		64,518	26,158	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)			443,298	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)			90,676	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-1317 Component CCN: 14-3408	Period: From 10/01/2018 To 09/30/2019	Worksheet M-5 Date/Time Prepared: 2/26/2020 12:45 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		3,229,105	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				3.00
Program to Provider					
3.01			0		3.01
3.02			0		3.02
3.03			0		3.03
3.04			0		3.04
3.05			0		3.05
Provider to Program					
3.50		09/05/2019	47,980		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)		-47,980		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		3,181,125		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		461,851		6.01
6.02	SETTLEMENT TO PROGRAM		0		6.02
7.00	Total Medicare program liability (see instructions)		3,642,976		7.00
		Contractor Number	NPR Date (Mo/Day/Yr)		
		0	1.00 2.00		
8.00	Name of Contractor				8.00