

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION
AND SETTLEMENT SUMMARY

Provider CCN: 14-1337

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

Worksheet S
Parts I-III
Date/Time Prepared:
9/26/2019 5:14 pm

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 9/26/2019	Time: 5:14 pm
	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	6. Date Received:	10. NPR Date:
	(1) As Submitted	7. Contractor No.	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. ☒ Initial Report for this Provider CCN	12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.
	(3) Settled with Audit	9. ☒ Final Report for this Provider CCN	
	(4) Reopened		
	(5) Amended		

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 PERRY MEMORIAL HOSPITAL (14-1337) for the cost reporting period beginning 05/01/2018 and ending 04/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) ANNETTE SCHNABEL

Officer or Administrator of Provider(s)

CEO

Title

(Dated when report is electronically signed.)

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	-47,448	-416,361	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	-14,228	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
10.00	RURAL HEALTH CLINIC I	0		-47,694		0	10.00
10.01	RURAL HEALTH CLINIC II	0		1,135		0	10.01
200.00	Total	0	-61,676	-462,920	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: 14-1337		Period: From 05/01/2018 To 04/30/2019		Worksheet S-2 Part I Date/Time Prepared: 9/26/2019 5:14 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 530 PARK AVENUE EAST			PO Box:				1.00	
2.00	City: PRINCETON			State: IL		Zip Code: 61356		County: BUREAU 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			PERRY MEMORIAL HOSPITAL	141337	99914	1	07/15/2004	N 0 0 3.00
4.00	Subprovider - IPF								4.00
5.00	Subprovider - IRF								5.00
6.00	Subprovider - (Other)								6.00
7.00	Swing Beds - SNF			PERRY MEMORIAL SB/SNF	142337	99914		07/15/2004	N 0 N 7.00
8.00	Swing Beds - NF			PERRY MEMORIAL SB/SNF	142337	99914		07/15/2004	N N 8.00
9.00	Hospital-Based SNF								9.00
10.00	Hospital-Based NF								10.00
11.00	Hospital-Based OLTC								11.00
12.00	Hospital-Based HHA								12.00
13.00	Separately Certified ASC								13.00
14.00	Hospital-Based Hospice								14.00
15.00	Hospital-Based Health Clinic - RHC			RHC-PRINCETON	148549	99914		11/04/2015	N 0 N 15.00
15.01	Hospital-Based Health Clinic - RHC II			RHC-PROMPT CARE	148583	99914		10/27/2017	N 0 N 15.01
16.00	Hospital-Based Health Clinic - FQHC								16.00
17.00	Hospital-Based (CMHC) I								17.00
18.00	Renal Dialysis								18.00
19.00	Other								19.00
								From:	To:
								1.00	2.00
20.00	Cost Reporting Period (mm/dd/yyyy)						05/01/2018	04/30/2019	20.00
21.00	Type of Control (see instructions)						8		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)						N	N	N 22.03
23.00	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.								
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						2	N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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	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		
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	45.00
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N					N	N	46.00
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N					N	N	47.00
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N					N	N	48.00
Teaching Hospitals								
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N							56.00
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.								58.00
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N							59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification 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	

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From 05/01/2018
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	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00	2.00	3.00	4.00		
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
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

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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
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00
			1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					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)					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.					75.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1337		Period: From 05/01/2018 To 04/30/2019		Worksheet S-2 Part I Date/Time Prepared: 9/26/2019 5:14 pm	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N					110.00
						1.00	
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	
115.00	Miscellaneous Cost Reporting Information 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:	212,445		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: 14-1337		Period: From 05/01/2018 To 04/30/2019		Worksheet S-2 Part I Date/Time Prepared: 9/26/2019 5:14 pm	
			1.00	2.00				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			N				140.00
			1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name:		Contractor's Name:		Contractor's Number:			141.00
142.00	Street:		PO Box:					142.00
143.00	City:		State:		Zip Code:			143.00
					1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y			144.00
					1.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N				146.00
					1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N			147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N			148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N			149.00
			Part A	Part B	Title V	Title XIX		
			1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital		N	N	N	N		155.00
156.00	Subprovider - IPF		N	N	N	N		156.00
157.00	Subprovider - IRF		N	N	N	N		157.00
158.00	SUBPROVIDER							158.00
159.00	SNF		N	N	N	N		159.00
160.00	HOME HEALTH AGENCY		N	N	N	N		160.00
161.00	CMHC			N	N	N		161.00
					1.00			
Multicampus								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N			165.00
			Name	County	State	Zip Code	CBSA	FTE/Campus
			0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							0.00
					1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00
					Beginning			
					Ending			
					1.00			
					2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				10/01/2018		12/31/2018	170.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-1337	Period: From 05/01/2018 To 04/30/2019	Worksheet S-2 Part I Date/Time Prepared: 9/26/2019 5:14 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: 14-1337	Period: From 05/01/2018 To 04/30/2019	Worksheet S-2 Part II Date/Time Prepared: 9/26/2019 5:14 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	08/08/2019	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet S-2
Part II
Date/Time Prepared:
9/26/2019 5:14 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		Y		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		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.	JILL		NELSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	RSM US LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	6124559706		JILL.NELSON@RSMUS.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet S-2
Part II
Date/Time Prepared:
9/26/2019 5:14 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.	DIRECTOR		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: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet S-3
Part I
Date/Time Prepared:
9/26/2019 5:14 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
					5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	22	8,030	41,546.00	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)		22	8,030	41,546.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	3	1,095	2,487.00	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						13.00
14.00 Total (see instructions)		25	9,125	44,033.00	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						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.01 RURAL HEALTH CLINIC II	88.01				0	26.01
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		25				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: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet S-3
Part I
Date/Time Prepared:
9/26/2019 5:14 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents	
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll
		6.00	7.00	8.00	9.00	10.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	1,061	33	1,824		1.00
2.00	HMO and other (see instructions)	18	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	200	0	281		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	3		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	1,261	33	2,108		7.00
8.00	INTENSIVE CARE UNIT	102	14	194		8.00
9.00	CORONARY CARE UNIT					9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY					13.00
14.00	Total (see instructions)	1,363	47	2,302	0.00	263.36
15.00	CAH visits	0	0	0		14.00
16.00	SUBPROVIDER - IPF					15.00
17.00	SUBPROVIDER - IRF					16.00
18.00	SUBPROVIDER					17.00
19.00	SKILLED NURSING FACILITY					18.00
20.00	NURSING FACILITY					19.00
21.00	OTHER LONG TERM CARE					20.00
22.00	HOME HEALTH AGENCY					21.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					22.00
24.00	HOSPICE					23.00
24.10	HOSPICE (non-distinct part)			0		24.00
25.00	CMHC - CMHC					24.10
26.00	RURAL HEALTH CLINIC	6,924	2,514	18,479	0.00	25.00
26.01	RURAL HEALTH CLINIC II	701	1,249	5,800	0.00	32.90
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	6.39
27.00	Total (sum of lines 14-26)				0.00	0.00
28.00	Observation Bed Days		0	481		0.00
29.00	Ambulance Trips	0				302.65
30.00	Employee discount days (see instruction)			4		27.00
31.00	Employee discount days - IRF			0		28.00
32.00	Labor & delivery days (see instructions)	0	0	0		29.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		30.00
33.00	LTCH non-covered days	0				31.00
33.01	LTCH site neutral days and discharges	0				32.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet S-3
Part I
Date/Time Prepared:
9/26/2019 5:14 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	379	20	707	1.00
2.00 HMO and other (see instructions)			4	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	379	20	707	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						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.01 RURAL HEALTH CLINIC II	0.00					26.01
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

Provider CCN: 14-1337

Period:

Worksheet S-8

Component CCN: 14-8549

From 05/01/2018
To 04/30/2019Date/Time Prepared:
9/26/2019 5:14 pm

		RHC I		Cost		
		1.00				
1.00	Clinic Address and Identification					
	Street			530 PARK AVENUE EAST; SUITE 303		
	City		State	ZIP Code		
	1.00		2.00	3.00		
2.00	City, State, ZIP Code, County		PRINCETON	IL	61356	
					1.00	
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban				0	
				Grant Award	Date	
				1.00	2.00	
Source of Federal Funds						
4.00	Community Health Center (Section 330(d), PHS Act)					4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)					5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)					6.00
7.00	Appalachian Regional Commission					7.00
8.00	Look-Alikes					8.00
9.00	OTHER (SPECIFY)					9.00
				1.00	2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N	0	
		Sunday		Monday		
		from	to	from	to	
		1.00	2.00	3.00	4.00	
		Tuesday		from		
		1.00		5.00		
11.00	Facility hours of operations (1)					
	CLINIC		07:00	17:30	07:00	
				1.00	2.00	
12.00	Have you received an approval for an exception to the productivity standard?			N	0	
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.					
			Provider name	CCN number		
			1.00	2.00		
14.00	RHC/FQHC name, CCN number					
		Y/N	V	XVIII	XIX	
		1.00	2.00	3.00	4.00	
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)					
			County			
			4.00			
2.00	City, State, ZIP Code, County			BUREAU		
		Tuesday	Wednesday		Thursday	
		to	from	to	from	
		6.00	7.00	8.00	9.00	
		Facility hours of operations (1)		to		
11.00	CLINIC	17:30	07:00	17:30	07:00	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA				Provider CCN: 14-1337 Component CCN: 14-8549		Period: From 05/01/2018 To 04/30/2019		Worksheet S-8 Date/Time Prepared: 9/26/2019 5:14 pm	
						RHC I		Cost	
				Friday		Saturday			
				from	to	from	to		
				11.00	12.00	13.00	14.00		
Facility hours of operations (1)									
11.00	CLINIC			07:00	17:30				11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA				Provider CCN: 14-1337 Component CCN: 14-8583		Period: From 05/01/2018 To 04/30/2019		Worksheet S-8 Date/Time Prepared: 9/26/2019 5:14 pm	
				RHC II		Cost			
				1.00					
Clinic Address and Identification									
1.00	Street			2128 N MAIN ST			1.00		
				City		State		ZIP Code	
				1.00		2.00		3.00	
2.00	City, State, ZIP Code, County			PRINCETON IL 61356			2.00		
						1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban					0		3.00	
				Grant Award		Date			
				1.00		2.00			
Source of Federal Funds									
4.00	Community Health Center (Section 330(d), PHS Act)						4.00		
5.00	Migrant Health Center (Section 329(d), PHS Act)						5.00		
6.00	Health Services for the Homeless (Section 340(d), PHS Act)						6.00		
7.00	Appalachian Regional Commission						7.00		
8.00	Look-Alikes						8.00		
9.00	OTHER (SPECIFY)						9.00		
				1.00		2.00			
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N			0		10.00
				Sunday		Monday		Tuesday	
				from to		from to		from	
				1.00 2.00		3.00 4.00		5.00	
11.00	Facility hours of operations (1) CLINIC			08:30 14:00		08:30 20:00		08:30 11.00	
				1.00		2.00			
12.00	Have you received an approval for an exception to the productivity standard?			N			12.00		
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			N			0 13.00		
				Provider name		CCN number			
				1.00		2.00			
14.00	RHC/FQHC name, CCN number							14.00	
				Y/N		V		Total Visits	
				1.00		2.00		3.00 4.00 5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)							15.00	
				County		4.00			
2.00	City, State, ZIP Code, County			BUREAU				2.00	
				Tuesday		Wednesday		Thursday	
				to		from to		from to	
				6.00 7.00		8.00 9.00		10.00	
11.00	Facility hours of operations (1) CLINIC			20:00 08:30		20:00 08:30		20:00 11.00	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA				Provider CCN:14-1337 Component CCN:14-8583		Period: From 05/01/2018 To 04/30/2019		Worksheet S-8 Date/Time Prepared: 9/26/2019 5:14 pm	
						RHC II		Cost	
				Friday		Saturday			
				from	to	from	to		
				11.00	12.00	13.00	14.00		
Facility hours of operations (1)									
11.00	CLINIC	08:30	20:00	08:30	14:00	11.00			

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-1337	Period: From 05/01/2018 To 04/30/2019	Worksheet S-10 Date/Time Prepared: 9/26/2019 5:14 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)			0.395981 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	364,404		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N		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	0		5.00
6.00	Medicaid charges	8,619,703		6.00
7.00	Medicaid cost (line 1 times line 6)	3,413,239		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	3,048,835		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	15,876		9.00
10.00	Stand-alone CHIP charges	80,006		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	31,681		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	15,805		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	3,064,640		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)	235,591	88,899	324,490 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	93,290	88,899	182,189 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)	93,290	88,899	182,189 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)	1,885,160		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	104,245		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	160,377		27.01
28.00	Non-Medicare bad debt expense (see instructions)	1,724,783		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	739,113		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	921,302		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	3,985,942		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1337

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

Worksheet A

Date/Time Prepared:
9/26/2019 5:14 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		1,094,684	1,094,684	132,459	1,227,143	1.00
1.01	00101	PERRY PLAZA B&F		30,041	30,041	1,025	31,066	1.01
1.02	00102	PROMPT CARE		0	0	0	0	1.02
1.03	00103	WALNUT CLINIC		2,057	2,057	2,655	4,712	1.03
1.04	00104	HENRY CLINIC		3,130	3,130	4,040	7,170	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,861,245	1,861,245	63,528	1,924,773	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	425,213	6,013,703	6,438,916	-308,437	6,130,479	4.00
5.01	00590	BUSINESS OFFICE	528,140	293,713	821,853	0	821,853	5.01
5.02	00591	A&G HOSPITAL-ONLY	784,906	1,295,218	2,080,124	-92,708	1,987,416	5.02
5.03	00592	A&G SHARED	1,007,281	1,498,923	2,506,204	-99,547	2,406,657	5.03
7.00	00700	OPERATION OF PLANT	502,930	1,116,222	1,619,152	0	1,619,152	7.00
7.01	00701	PERRY PLAZA PLANT OP	963	65,564	66,527	0	66,527	7.01
7.02	00702	PROMPT CARE PLANT OP	1,272	33,027	34,299	0	34,299	7.02
7.03	00703	WALNUT CLINIC PLANT OP	243	10,231	10,474	0	10,474	7.03
7.04	00704	HENRY CLINIC PLANT OP	803	23,294	24,097	0	24,097	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	32	0	32	92,708	92,740	8.00
9.00	00900	HOUSEKEEPING	344,574	148,679	493,253	0	493,253	9.00
9.01	00901	PERRY PLAZA HSKPING	16,144	6,430	22,574	0	22,574	9.01
9.02	00902	PROMPT CARE HSKPING	3,096	2,017	5,113	0	5,113	9.02
9.03	00903	WALNUT CLINIC HSKPING	1,584	867	2,451	0	2,451	9.03
9.04	00904	HENRY CLINIC HSKPING	912	2,839	3,751	0	3,751	9.04
10.00	01000	DIETARY	377,811	499,790	877,601	0	877,601	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	925,629	19,588	945,217	0	945,217	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	53,912	46,781	100,693	0	100,693	14.00
15.00	01500	PHARMACY	221,374	426,237	647,611	0	647,611	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	496,199	70,797	566,996	0	566,996	16.00
17.00	01700	SOCIAL SERVICE	337,330	21,804	359,134	0	359,134	17.00
18.00	01850	PATIENT REGISTRATION	344,299	15,335	359,634	0	359,634	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,035,291	457,661	1,492,952	14,036	1,506,988	30.00
31.00	03100	INTENSIVE CARE UNIT	435,165	205,386	640,551	0	640,551	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,540,033	2,275,807	3,815,840	-987,584	2,828,256	50.00
53.00	05300	ANESTHESIOLOGY	0	945,589	945,589	0	945,589	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	669,110	216,121	885,231	0	885,231	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	235,464	93,864	329,328	0	329,328	55.00
56.00	05600	RADIOISOTOPE	0	254,870	254,870	0	254,870	56.00
57.00	05700	CT SCAN	60,469	173,829	234,298	0	234,298	57.00
58.00	05800	MRI	96,387	108,432	204,819	0	204,819	58.00
60.00	06000	LABORATORY	669,652	1,087,236	1,756,888	0	1,756,888	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	136,843	136,843	0	136,843	63.00
65.00	06500	RESPIRATORY THERAPY	410,369	38,438	448,807	0	448,807	65.00
66.00	06600	PHYSICAL THERAPY	714,124	50,365	764,489	0	764,489	66.00
69.00	06900	ELECTROCARDIOLOGY	43,853	11,200	55,053	0	55,053	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	96	96	0	96	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	987,584	987,584	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,198,781	1,198,781	0	1,198,781	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	416,186	416,186	0	416,186	76.01
76.97	07697	CARDIAC REHABILITATION	70,565	22,917	93,482	0	93,482	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	2,569,252	416,843	2,986,095	116,082	3,102,177	88.00
88.01	08801	RURAL HEALTH CLINIC II	487,744	60,683	548,427	5,671	554,098	88.01
90.00	09000	CLINIC	1,682,824	148,558	1,831,382	70,820	1,902,202	90.00
90.01	04950	SLEEP LAB	59,399	6,335	65,734	0	65,734	90.01
90.02	09001	GENERAL SURGERY CL	731,705	63,347	795,052	70,234	865,286	90.02
90.03	09002	PM PAIN CLINIC	54,889	273,967	328,856	0	328,856	90.03
91.00	09100	EMERGENCY	857,820	2,764,702	3,622,522	-2,370	3,620,152	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		95,095	95,095	-95,095	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,798,762	26,125,367	44,924,129	-24,899	44,899,230	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	464,370	49,034	513,404	24,899	538,303	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	0	0	0	0	194.01
194.03	07953	MOB LEASED SPACE	0	0	0	0	0	194.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1337

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

Worksheet A

Date/Time Prepared:
9/26/2019 5:14 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	
194.05	07955	PERRY PLAZA LEASED	0	0	0	0	0	194.05
194.06	07954	PM PROMPT CARE	0	0	0	0	0	194.06
200.00		TOTAL (SUM OF LINES 118 through 199)	19,263,132	26,174,401	45,437,533	0	45,437,533	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1337

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

Worksheet A

Date/Time Prepared:
9/26/2019 5:14 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	-76,231	1,150,912	1.00
1.01	00101	PERRY PLAZA B&F	0	31,066	1.01
1.02	00102	PROMPT CARE	0	0	1.02
1.03	00103	WALNUT CLINIC	0	4,712	1.03
1.04	00104	HENRY CLINIC	0	7,170	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-5,583	1,919,190	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-538,768	5,591,711	4.00
5.01	00590	BUSINESS OFFICE	0	821,853	5.01
5.02	00591	A&G HOSPITAL-ONLY	0	1,987,416	5.02
5.03	00592	A&G SHARED	-326,932	2,079,725	5.03
7.00	00700	OPERATION OF PLANT	-7,985	1,611,167	7.00
7.01	00701	PERRY PLAZA PLANT OP	0	66,527	7.01
7.02	00702	PROMPT CARE PLANT OP	0	34,299	7.02
7.03	00703	WALNUT CLINIC PLANT OP	0	10,474	7.03
7.04	00704	HENRY CLINIC PLANT OP	0	24,097	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	-2,196	90,544	8.00
9.00	00900	HOUSEKEEPING	0	493,253	9.00
9.01	00901	PERRY PLAZA HSKPING	0	22,574	9.01
9.02	00902	PROMPT CARE HSKPING	0	5,113	9.02
9.03	00903	WALNUT CLINIC HSKPING	0	2,451	9.03
9.04	00904	HENRY CLINIC HSKPING	0	3,751	9.04
10.00	01000	DIETARY	-137,457	740,144	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-2,046	943,171	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	100,693	14.00
15.00	01500	PHARMACY	0	647,611	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-106	566,890	16.00
17.00	01700	SOCIAL SERVICE	0	359,134	17.00
18.00	01850	PATIENT REGISTRATION	0	359,634	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-352,595	1,154,393	30.00
31.00	03100	INTENSIVE CARE UNIT	0	640,551	31.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-12,205	2,816,051	50.00
53.00	05300	ANESTHESIOLOGY	-908,594	36,995	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	885,231	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-5,650	323,678	55.00
56.00	05600	RADIOISOTOPE	0	254,870	56.00
57.00	05700	CT SCAN	0	234,298	57.00
58.00	05800	MRI	0	204,819	58.00
60.00	06000	LABORATORY	-37,260	1,719,628	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	136,843	63.00
65.00	06500	RESPIRATORY THERAPY	0	448,807	65.00
66.00	06600	PHYSICAL THERAPY	0	764,489	66.00
69.00	06900	ELECTROCARDIOLOGY	-9,500	45,553	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	96	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	987,584	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-14,728	1,184,053	73.00
76.00	03140	CARDIOLOGY	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	416,186	76.01
76.97	07697	CARDIAC REHABILITATION	-8,781	84,701	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	-34,600	3,067,577	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	554,098	88.01
90.00	09000	CLINIC	-1,445,080	457,122	90.00
90.01	04950	SLEEP LAB	0	65,734	90.01
90.02	09001	GENERAL SURGERY CL	-698,184	167,102	90.02
90.03	09002	PM PAIN CLINIC	-267,548	61,308	90.03
91.00	09100	EMERGENCY	-1,682,839	1,937,313	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-6,574,868	38,324,362	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	0	538,303	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	0	194.01
194.03	07953	MOB LEASED SPACE	0	0	194.03
194.05	07955	PERRY PLAZA LEASED	0	0	194.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1337

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

Worksheet A

Date/Time Prepared:
9/26/2019 5:14 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.06	07954	PM PROMPT CARE	0	0	194.06
200.00		TOTAL (SUM OF LINES 118 through 199)	-6,574,868	38,862,665	200.00

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - INTEREST				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	95,095	1.00
	TOTALS		0	95,095	
	B - PROPERTY INSURANCE				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	37,364	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	63,528	2.00
3.00	PERRY PLAZA B&F	1.01	0	1,025	3.00
5.00	WALNUT CLINIC	1.03	0	2,655	5.00
6.00	HENRY CLINIC	1.04	0	4,040	6.00
	TOTALS		0	108,612	
	C - EMPLOYEE PHYSICALS				
1.00	A&G SHARED	5.03	0	2,370	1.00
	TOTALS		0	2,370	
	D - CONTRACT LAUNDRY				
1.00	LAUNDRY & LINEN SERVICE	8.00	0	92,708	1.00
	TOTALS		0	92,708	
	E - IMPLANTS				
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	523,828	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	463,756	2.00
	TOTALS		0	987,584	
	F - PHYSICIAN BENEFITS				
1.00	ADULTS & PEDIATRICS	30.00	0	14,036	1.00
2.00	RURAL HEALTH CLINIC	88.00	0	116,082	2.00
3.00	CLINIC	90.00	0	70,820	3.00
4.00	GENERAL SURGERY CL	90.02	0	70,234	4.00
5.00	WALNUT & HENRY CLINICS	194.00	0	31,594	5.00
6.00	RURAL HEALTH CLINIC II	88.01	0	5,671	6.00
	TOTALS		0	308,437	
500.00	Grand Total: Increases		0	1,594,806	500.00

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
1.00	A - INTEREST						1.00
	INTEREST EXPENSE	113.00	0	95,095	11		
	TOTALS		0	95,095			
	B - PROPERTY INSURANCE						
1.00	A&G SHARED	5.03	0	101,917	12		1.00
2.00	WALNUT & HENRY CLINICS	194.00	0	6,695	12		2.00
3.00		0.00	0	0	12		3.00
5.00		0.00	0	0	12		5.00
6.00		0.00	0	0	12		6.00
	TOTALS		0	108,612			
	C - EMPLOYEE PHYSICALS						
1.00	EMERGENCY	91.00	0	2,370	0		1.00
	TOTALS		0	2,370			
	D - CONTRACT LAUNDRY						
1.00	A&G HOSPITAL-ONLY	5.02	0	92,708	0		1.00
	TOTALS		0	92,708			
	E - IMPLANTS						
1.00	OPERATING ROOM	50.00	0	523,828	0		1.00
2.00	OPERATING ROOM	50.00	0	463,756	0		2.00
	TOTALS		0	987,584			
	F - PHYSICIAN BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	308,437	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	TOTALS		0	308,437			
500.00	Grand Total: Decreases		0	1,594,806			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet A-7
Part I
Date/Time Prepared:
9/26/2019 5:14 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	673,388	0	0	0	0	1.00
2.00	Land Improvements	1,475,487	0	0	0	0	2.00
3.00	Buildings and Fixtures	39,341,923	366,276	0	366,276	0	3.00
4.00	Building Improvements	3,009,477	0	0	0	2,923,149	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	20,076,845	3,688,828	0	3,688,828	0	6.00
7.00	HIT designated Assets	267,195	15,351	0	15,351	0	7.00
8.00	Subtotal (sum of lines 1-7)	64,844,315	4,070,455	0	4,070,455	2,923,149	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	64,844,315	4,070,455	0	4,070,455	2,923,149	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	673,388	0				1.00
2.00	Land Improvements	1,475,487	0				2.00
3.00	Buildings and Fixtures	39,708,199	0				3.00
4.00	Building Improvements	86,328	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	23,765,673	0				6.00
7.00	HIT designated Assets	282,546	0				7.00
8.00	Subtotal (sum of lines 1-7)	65,991,621	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	65,991,621	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet A-7
Part II
Date/Time Prepared:
9/26/2019 5:14 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	1,094,684	0	0	0	0	1.00
1.01	PERRY PLAZA B&F	30,041	0	0	0	0	1.01
1.02	PROMPT CARE	0	0	0	0	0	1.02
1.03	WALNUT CLINIC	2,057	0	0	0	0	1.03
1.04	HENRY CLINIC	3,130	0	0	0	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	1,861,245	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,991,157	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	1,094,684				1.00
1.01	PERRY PLAZA B&F	0	30,041				1.01
1.02	PROMPT CARE	0	0				1.02
1.03	WALNUT CLINIC	0	2,057				1.03
1.04	HENRY CLINIC	0	3,130				1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,861,245				2.00
3.00	Total (sum of lines 1-2)	0	2,991,157				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet A-7
Part III
Date/Time Prepared:
9/26/2019 5:14 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	65,709,075	0	65,709,075	0.995718	0	1.00
1.01	PERRY PLAZA B&F	0	0	0	0.000000	0	1.01
1.02	PROMPT CARE	0	0	0	0.000000	0	1.02
1.03	WALNUT CLINIC	0	0	0	0.000000	0	1.03
1.04	HENRY CLINIC	0	0	0	0.000000	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	282,546	0	282,546	0.004282	0	2.00
3.00	Total (sum of lines 1-2)	65,991,621	0	65,991,621	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,085,336	0	1.00
1.01	PERRY PLAZA B&F	0	0	0	30,041	0	1.01
1.02	PROMPT CARE	0	0	0	0	0	1.02
1.03	WALNUT CLINIC	0	0	0	2,057	0	1.03
1.04	HENRY CLINIC	0	0	0	3,130	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,855,662	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,976,226	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	28,212	37,364	0	0	1,150,912	1.00
1.01	PERRY PLAZA B&F	0	1,025	0	0	31,066	1.01
1.02	PROMPT CARE	0	0	0	0	0	1.02
1.03	WALNUT CLINIC	0	2,655	0	0	4,712	1.03
1.04	HENRY CLINIC	0	4,040	0	0	7,170	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	63,528	0	0	1,919,190	2.00
3.00	Total (sum of lines 1-2)	28,212	108,612	0	0	3,113,050	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1337

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

Worksheet A-8

Date/Time Prepared:
9/26/2019 5:14 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	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,223	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - PERRY PLAZA B&F (chapter 2)		0	PERRY PLAZA B&F	1.01	0	1.01
1.02	Investment income - PROMPT CARE (chapter 2)		0	PROMPT CARE	1.02	0	1.02
1.03	Investment income - WALNUT CLINIC (chapter 2)		0	WALNUT CLINIC	1.03	0	1.03
1.04	Investment income - HENRY CLINIC (chapter 2)		0	HENRY CLINIC	1.04	0	1.04
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-5,428,236			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	B	-2,196	LAUNDRY & LINEN SERVICE	8.00	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	B	-3,054	DIETARY	10.00	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 - PERRY PLAZA B&F		0	PERRY PLAZA B&F	1.01	0	26.01
26.02	Depreciation - PROMPT CARE		0	PROMPT CARE	1.02	0	26.02
26.03	Depreciation - WALNUT CLINIC		0	WALNUT CLINIC	1.03	0	26.03

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1337

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

Worksheet A-8

Date/Time Prepared:
9/26/2019 5:14 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	
26.04	Depreciation - HENRY CLINIC	A-8-3	0	HENRY CLINIC	1.04	0	26.04
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	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)	A-8-3	0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	A	-5,583	CAP REL COSTS-MVBLE EQUIP	2.00	9	32.00
33.00	CAFETERIA	B	-92,959	DIETARY	10.00	0	33.00
33.01	DIETICIAN REVENUE	B	-16,499	DIETARY	10.00	0	33.01
33.02	OUTSIDE CATERING	B	-3,459	DIETARY	10.00	0	33.02
33.03	MEDICAL RECORDS	B	-106	MEDICAL RECORDS & LIBRARY	16.00	0	33.03
33.04	CONTRACT NURSING	B	-2,046	NURSING ADMINISTRATION	13.00	0	33.04
33.05	MISCELLANEOUS	B	0	A&G SHARED	5.03	0	33.05
33.06	MOBILE MEALS	A	-21,486	DIETARY	10.00	0	33.06
33.07	GASB 68	A	200,322	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.07
33.08	TELEPHONE EXPENSE	A	-7,985	OPERATION OF PLANT	7.00	0	33.08
33.09	340B EXPENSE OFFSET	A	-14,728	DRUGS CHARGED TO PATIENTS	73.00	0	33.09
33.11	MEDICAL DIRECTOR TO A SNF	B	-34,600	RURAL HEALTH CLINIC	88.00	0	33.11
33.12	AMORTIZATION EXPENSE	A	-39,667	CAP REL COSTS-BLDG & FIXT	1.00	11	33.12
33.13	TELEPHONE SALARY OFFSET	A	0	A&G HOSPITAL-ONLY	5.02	0	33.13
33.14	TELEPHONE BENEFIT OFFSET	A	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.14
33.15	NON-ALLOWABLE MARKETING	A	-310,933	A&G SHARED	5.03	0	33.15
33.16	MARKETING BENEFITS	A	-22,560	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.16
33.17	RENTAL PROPERTY - CAPITAL	A	-9,348	CAP REL COSTS-BLDG & FIXT	1.00	9	33.17
33.18	2004 BOND INTEREST	A	-10,297	CAP REL COSTS-BLDG & FIXT	1.00	11	33.18
33.21	IHA DUES OFFSET	A	-15,560	A&G SHARED	5.03	0	33.21
33.22	ALCOHOL EXP	A	0	A&G SHARED	5.03	0	33.22
33.23	PHYSICIAN ON CALL	A	-59	A&G SHARED	5.03	0	33.23
33.24	SELF-INSURANCE OFFSET	A	-702,216	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.24
33.25	UNFUNDED OTHER POST EMPLOYMENT BENEF	A	-14,314	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.25
33.26	SOCIAL ORG. DUES - PRINCETON ROTARY	B	-380	A&G SHARED	5.03	0	33.26
33.27	NON-ALLOWABLE NOTE INTEREST	A	-15,696	CAP REL COSTS-BLDG & FIXT	1.00	11	33.27
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-6,574,868				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: 14-1337

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

Worksheet A-8-2

Date/Time Prepared:
9/26/2019 5:14 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	91.00	EMERGENCY	2,264,000	1,682,839	581,161	0	0	1.00
2.00	90.00	CLINIC	481	481	0	0	0	2.00
3.00	90.00	CLINIC	1,385,905	1,385,905	0	0	0	3.00
4.00	90.02	GENERAL SURGERY CL	698,184	698,184	0	0	0	4.00
5.00	50.00	OPERATING ROOM	12,205	12,205	0	0	0	5.00
6.00	60.00	LABORATORY	37,260	37,260	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	908,594	908,594	0	0	0	7.00
8.00	76.97	CARDIAC REHABILITATION	8,781	8,781	0	0	0	8.00
9.00	5.03	A&G SHARED	27,000	0	27,000	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	256,742	256,742	0	0	0	10.00
11.00	30.00	ADULTS & PEDIATRICS	95,853	95,853	0	0	0	11.00
12.00	90.03	PM PAIN CLINIC	267,548	267,548	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	9,500	9,500	0	0	0	13.00
14.00	55.00	RADIOLOGY-THERAPEUTIC	5,650	5,650	0	0	0	14.00
15.00	90.00	CLINIC	58,694	58,694	0	0	0	15.00
200.00			6,036,397	5,428,236	608,161		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	91.00	EMERGENCY	0	0	0	0	0	1.00
2.00	90.00	CLINIC	0	0	0	0	0	2.00
3.00	90.00	CLINIC	0	0	0	0	0	3.00
4.00	90.02	GENERAL SURGERY CL	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	8.00
9.00	5.03	A&G SHARED	0	0	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	10.00
11.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	11.00
12.00	90.03	PM PAIN CLINIC	0	0	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	13.00
14.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	14.00
15.00	90.00	CLINIC	0	0	0	0	0	15.00
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	91.00	EMERGENCY	0	0	0	1,682,839		1.00
2.00	90.00	CLINIC	0	0	0	481		2.00
3.00	90.00	CLINIC	0	0	0	1,385,905		3.00
4.00	90.02	GENERAL SURGERY CL	0	0	0	698,184		4.00
5.00	50.00	OPERATING ROOM	0	0	0	12,205		5.00
6.00	60.00	LABORATORY	0	0	0	37,260		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	908,594		7.00
8.00	76.97	CARDIAC REHABILITATION	0	0	0	8,781		8.00
9.00	5.03	A&G SHARED	0	0	0	0		9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	256,742		10.00
11.00	30.00	ADULTS & PEDIATRICS	0	0	0	95,853		11.00
12.00	90.03	PM PAIN CLINIC	0	0	0	267,548		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	9,500		13.00
14.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	5,650		14.00
15.00	90.00	CLINIC	0	0	0	58,694		15.00
200.00			0	0	0	5,428,236		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1337

Period:
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Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	PERRY PLAZA B&F	PROMPT CARE	WALNUT CLINIC	
		0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,150,912	1,150,912			1.00
1.01	00101	PERRY PLAZA B&F	31,066	0	31,066		1.01
1.02	00102	PROMPT CARE	0	0	0		1.02
1.03	00103	WALNUT CLINIC	4,712	0	0	4,712	1.03
1.04	00104	HENRY CLINIC	7,170	0	0	0	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,919,190				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,591,711	5,566	0	0	4.00
5.01	00590	BUSINESS OFFICE	821,853	25,080	0	0	5.01
5.02	00591	A&G HOSPITAL-ONLY	1,987,416	48,789	192	0	5.02
5.03	00592	A&G SHARED	2,079,725	94,427	0	0	5.03
7.00	00700	OPERATION OF PLANT	1,611,167	143,975	4,788	0	7.00
7.01	00701	PERRY PLAZA PLANT OP	66,527	0	216	0	7.01
7.02	00702	PROMPT CARE PLANT OP	34,299	0	0	0	7.02
7.03	00703	WALNUT CLINIC PLANT OP	10,474	0	0	630	7.03
7.04	00704	HENRY CLINIC PLANT OP	24,097	0	0	0	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	90,544	17,519	0	0	8.00
9.00	00900	HOUSEKEEPING	493,253	14,795	0	0	9.00
9.01	00901	PERRY PLAZA HSKPING	22,574	0	0	0	9.01
9.02	00902	PROMPT CARE HSKPING	5,113	0	0	0	9.02
9.03	00903	WALNUT CLINIC HSKPING	2,451	0	0	87	9.03
9.04	00904	HENRY CLINIC HSKPING	3,751	0	0	0	9.04
10.00	01000	DIETARY	740,144	32,530	0	0	10.00
11.00	01100	CAFETERIA	0	16,172	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	943,171	15,938	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	100,693	11,372	0	0	14.00
15.00	01500	PHARMACY	647,611	14,554	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	566,890	28,861	0	0	16.00
17.00	01700	SOCIAL SERVICE	359,134	12,176	0	0	17.00
18.00	01850	PATIENT REGISTRATION	359,634	6,072	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,154,393	101,617	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	640,551	21,052	0	0	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,816,051	149,220	0	0	50.00
53.00	05300	ANESTHESIOLOGY	36,995	1,100	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	885,231	29,732	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	323,678	2,088	0	0	55.00
56.00	05600	RADIOISOTOPE	254,870	3,638	0	0	56.00
57.00	05700	CT SCAN	234,298	0	0	0	57.00
58.00	05800	MRI	204,819	7,919	0	0	58.00
60.00	06000	LABORATORY	1,719,628	24,814	0	619	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	136,843	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	448,807	12,614	0	0	65.00
66.00	06600	PHYSICAL THERAPY	764,489	30,189	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	45,553	852	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	96	2,113	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	987,584	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,184,053	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	416,186	7,993	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	84,701	9,173	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	3,067,577	44,224	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	554,098	0	0	0	88.01
90.00	09000	CLINIC	457,122	22,028	0	0	90.00
90.01	04950	SLEEP LAB	65,734	6,746	0	0	90.01
90.02	09001	GENERAL SURGERY CL	167,102	7,907	0	0	90.02
90.03	09002	PM PAIN CLINIC	61,308	6,381	0	0	90.03
91.00	09100	EMERGENCY	1,937,313	51,284	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	38,324,362	1,030,510	5,196	0	1,336
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,089	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	192.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	PERRY PLAZA B&F	PROMPT CARE	WALNUT CLINIC	
			0	1.00	1.01	1.02	1.03	
194.00	07956	WALNUT & HENRY CLINICS	538,303	0	0	0	3,376	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	14,992	0	0	0	194.01
194.03	07953	MOB LEASED SPACE	0	101,321	0	0	0	194.03
194.05	07955	PERRY PLAZA LEASED	0	0	25,870	0	0	194.05
194.06	07954	PM PROMPT CARE	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	38,862,665	1,150,912	31,066	0	4,712	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	BUSINESS OFFICE	Subtotal	
			HENRY CLINIC	MVBLE EQUIP				
			1.04	2.00				
			1.04	2.00	4.00	5.01	5A.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	PERRY PLAZA B&F						1.01
1.02	00102	PROMPT CARE						1.02
1.03	00103	WALNUT CLINIC						1.03
1.04	00104	HENRY CLINIC	7,170					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,919,190				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	5,597,277			4.00
5.01	00590	BUSINESS OFFICE	0	0	190,042	1,036,975		5.01
5.02	00591	A&G HOSPITAL-ONLY	0	937,459	245,576	0	3,219,432	5.02
5.03	00592	A&G SHARED	0	4,466	362,452	0	2,541,070	5.03
7.00	00700	OPERATION OF PLANT	0	20,838	180,970	0	1,961,738	7.00
7.01	00701	PERRY PLAZA PLANT OP	0	30,259	347	0	97,349	7.01
7.02	00702	PROMPT CARE PLANT OP	0	0	458	0	34,757	7.02
7.03	00703	WALNUT CLINIC PLANT OP	0	0	87	0	11,191	7.03
7.04	00704	HENRY CLINIC PLANT OP	1,862	0	289	0	26,248	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	510	12	0	108,585	8.00
9.00	00900	HOUSEKEEPING	0	0	123,989	0	632,037	9.00
9.01	00901	PERRY PLAZA HSKPING	0	0	5,809	0	28,383	9.01
9.02	00902	PROMPT CARE HSKPING	0	0	1,114	0	6,227	9.02
9.03	00903	WALNUT CLINIC HSKPING	0	0	570	0	3,108	9.03
9.04	00904	HENRY CLINIC HSKPING	285	0	328	0	4,364	9.04
10.00	01000	DIETARY	0	16,799	135,948	0	925,421	10.00
11.00	01100	CAFETERIA	0	0	0	0	16,172	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	333,071	0	1,292,180	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,244	19,399	0	136,708	14.00
15.00	01500	PHARMACY	0	852	79,657	0	742,674	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,227	178,548	0	776,526	16.00
17.00	01700	SOCIAL SERVICE	0	0	121,382	0	492,692	17.00
18.00	01850	PATIENT REGISTRATION	0	624	123,890	0	490,220	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	49,276	343,090	36,003	1,684,379	30.00
31.00	03100	INTENSIVE CARE UNIT	0	28,358	156,586	7,895	854,442	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	258,320	554,153	221,129	3,998,873	50.00
53.00	05300	ANESTHESIOLOGY	0	36,340	0	6,075	80,510	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	269,542	240,767	47,236	1,472,508	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	49,117	84,727	29,487	489,097	55.00
56.00	05600	RADIOISOTOPE	0	0	0	9,437	267,945	56.00
57.00	05700	CT SCAN	0	987	21,759	117,276	374,320	57.00
58.00	05800	MRI	0	3,878	34,683	32,709	284,008	58.00
60.00	06000	LABORATORY	1,584	48,885	240,962	156,881	2,193,373	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,290	140,133	63.00
65.00	06500	RESPIRATORY THERAPY	0	9,227	147,664	16,555	634,867	65.00
66.00	06600	PHYSICAL THERAPY	0	6,191	256,965	40,928	1,098,762	66.00
69.00	06900	ELECTROCARDIOLOGY	0	6,369	15,780	11,877	80,431	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	454	0	53	2,716	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	29,616	1,017,200	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	55,015	1,239,068	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	0	0	6,033	430,212	76.01
76.97	07697	CARDIAC REHABILITATION	0	10,616	25,392	4,606	134,488	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	35,078	594,005	43,537	3,784,421	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	26,078	163,761	11,391	755,328	88.01
90.00	09000	CLINIC	0	8,343	132,324	7,407	627,224	90.00
90.01	04950	SLEEP LAB	0	5,182	21,374	6,791	105,827	90.01
90.02	09001	GENERAL SURGERY CL	0	0	37,334	3,041	215,384	90.02
90.03	09002	PM PAIN CLINIC	0	0	19,751	1,997	89,437	90.03
91.00	09100	EMERGENCY	0	45,499	308,671	129,473	2,472,240	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,731	1,917,018	5,503,686	1,035,738	38,074,275	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	4,089	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	3,439	2,172	93,591	1,237	642,118	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	0	0	0	14,992	194.01

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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	BUSINESS OFFICE	Subtotal	
			HENRY CLINIC	MVBLE EQUIP				
			1.04	2.00	4.00	5.01	5A.01	
194.03	07953	MOB LEASED SPACE	0	0	0	0	101,321	194.03
194.05	07955	PERRY PLAZA LEASED	0	0	0	0	25,870	194.05
194.06	07954	PM PROMPT CARE	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,170	1,919,190	5,597,277	1,036,975	38,862,665	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			A&G HOSPITAL-ONLY	Subtotal	A&G SHARED	OPERATION OF PLANT	PERRY PLAZA PLANT OP	
			5.02	5A.02	5.03	7.00	7.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	PERRY PLAZA B&F						1.01
1.02	00102	PROMPT CARE						1.02
1.03	00103	WALNUT CLINIC						1.03
1.04	00104	HENRY CLINIC						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	BUSINESS OFFICE						5.01
5.02	00591	A&G HOSPITAL-ONLY	3,219,432					5.02
5.03	00592	A&G SHARED	230,465	2,771,535	2,771,535			5.03
7.00	00700	OPERATION OF PLANT	177,922	2,139,660	164,311	2,303,971		7.00
7.01	00701	PERRY PLAZA PLANT OP	8,829	106,178	8,154	0	114,332	7.01
7.02	00702	PROMPT CARE PLANT OP	3,152	37,909	2,911	0	0	7.02
7.03	00703	WALNUT CLINIC PLANT OP	1,015	12,206	937	0	0	7.03
7.04	00704	HENRY CLINIC PLANT OP	2,381	28,629	2,199	0	0	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	9,848	118,433	9,095	48,451	0	8.00
9.00	00900	HOUSEKEEPING	57,323	689,360	52,938	40,917	0	9.00
9.01	00901	PERRY PLAZA HSKPING	2,574	30,957	2,377	0	0	9.01
9.02	00902	PROMPT CARE HSKPING	565	6,792	522	0	0	9.02
9.03	00903	WALNUT CLINIC HSKPING	282	3,390	260	0	0	9.03
9.04	00904	HENRY CLINIC HSKPING	396	4,760	366	0	0	9.04
10.00	01000	DIETARY	83,932	1,009,353	77,511	89,965	0	10.00
11.00	01100	CAFETERIA	1,467	17,639	1,355	44,726	0	11.00
13.00	01300	NURSING ADMINISTRATION	117,196	1,409,376	108,230	44,077	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,399	149,107	11,450	31,452	0	14.00
15.00	01500	PHARMACY	67,358	810,032	62,205	40,250	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	70,428	846,954	65,040	79,817	0	16.00
17.00	01700	SOCIAL SERVICE	44,685	537,377	41,267	33,673	0	17.00
18.00	01850	PATIENT REGISTRATION	44,461	534,681	41,060	16,794	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	152,766	1,837,145	141,080	281,035	0	30.00
31.00	03100	INTENSIVE CARE UNIT	77,494	931,936	71,566	58,223	0	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	362,679	4,361,552	334,925	412,683	0	50.00
53.00	05300	ANESTHESIOLOGY	7,302	87,812	6,743	3,041	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	133,551	1,606,059	123,334	82,226	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	44,359	533,456	40,966	5,774	0	55.00
56.00	05600	RADIOISOTOPE	24,302	292,247	22,443	10,063	0	56.00
57.00	05700	CT SCAN	33,949	408,269	31,352	0	0	57.00
58.00	05800	MRI	25,758	309,766	23,788	21,902	0	58.00
60.00	06000	LABORATORY	198,930	2,392,303	183,712	68,627	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,710	152,843	11,737	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	57,580	692,447	53,175	34,886	0	65.00
66.00	06600	PHYSICAL THERAPY	99,653	1,198,415	92,030	83,490	0	66.00
69.00	06900	ELECTROCARDIOLOGY	7,295	87,726	6,737	2,358	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	246	2,962	227	5,843	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	92,256	1,109,456	85,198	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	112,379	1,351,447	103,782	0	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	39,019	469,231	36,034	22,107	0	76.01
76.97	07697	CARDIAC REHABILITATION	12,198	146,686	11,264	25,370	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	343,232	4,127,653	316,975	122,306	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	68,505	823,833	63,265	0	0	88.01
90.00	09000	CLINIC	56,887	684,111	52,535	60,922	0	90.00
90.01	04950	SLEEP LAB	9,598	115,425	8,864	18,656	0	90.01
90.02	09001	GENERAL SURGERY CL	19,534	234,918	18,040	21,868	0	90.02
90.03	09002	PM PAIN CLINIC	8,112	97,549	7,491	17,648	0	90.03
91.00	09100	EMERGENCY	224,222	2,696,462	207,069	141,833	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0				92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,161,194	38,016,037	2,706,520	1,970,983	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,089	314	11,310	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	58,238	700,356	53,782	0	0	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	14,992	1,151	41,463	0	194.01
194.03	07953	MOB LEASED SPACE	0	101,321	7,781	280,215	0	194.03
194.05	07955	PERRY PLAZA LEASED	0	25,870	1,987	0	114,332	194.05
194.06	07954	PM PROMPT CARE	0	0	0	0	0	194.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part I
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Cost Center Description		A&G HOSPITAL-ONLY	Subtotal	A&G SHARED	OPERATION OF PLANT	PERRY PLAZA PLANT OP	
		5.02	5A.02	5.03	7.00	7.01	
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)	3,219,432	38,862,665	2,771,535	2,303,971	114,332	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part I
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Cost Center Description			PROMPT CARE PLANT OP	WALNUT CLINIC PLANT OP	HENRY CLINIC PLANT OP	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.02	7.03	7.04	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	PERRY PLAZA B&F						1.01
1.02	00102	PROMPT CARE						1.02
1.03	00103	WALNUT CLINIC						1.03
1.04	00104	HENRY CLINIC						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	BUSINESS OFFICE						5.01
5.02	00591	A&G HOSPITAL-ONLY						5.02
5.03	00592	A&G SHARED						5.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	PERRY PLAZA PLANT OP						7.01
7.02	00702	PROMPT CARE PLANT OP	40,820					7.02
7.03	00703	WALNUT CLINIC PLANT OP	0	13,143				7.03
7.04	00704	HENRY CLINIC PLANT OP	0	0	30,828			7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	175,979		8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	783,215	9.00
9.01	00901	PERRY PLAZA HSKPING	0	0	0	0	0	9.01
9.02	00902	PROMPT CARE HSKPING	1,793	0	0	0	0	9.02
9.03	00903	WALNUT CLINIC HSKPING	0	279	0	0	0	9.03
9.04	00904	HENRY CLINIC HSKPING	0	0	1,655	0	0	9.04
10.00	01000	DIETARY	0	0	0	0	20,456	10.00
11.00	01100	CAFETERIA	0	0	0	41	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	30,684	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	523	4,959	14.00
15.00	01500	PHARMACY	0	0	0	0	9,608	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	5,269	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	15,187	17.00
18.00	01850	PATIENT REGISTRATION	0	0	0	0	25,415	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	40,430	164,577	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	9,656	14,877	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	51,053	202,081	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,582	0	0	6,229	26,965	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	4,956	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	787	0	56.00
57.00	05700	CT SCAN	0	0	0	4,921	3,409	57.00
58.00	05800	MRI	0	0	0	3,527	3,099	58.00
60.00	06000	LABORATORY	2,578	1,992	9,200	0	29,754	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	13,637	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,896	11,778	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	0	0	0	12,398	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	462	4,339	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	361	50,830	88.00
88.01	08801	RURAL HEALTH CLINIC II	30,867	0	0	102	310	88.01
90.00	09000	CLINIC	0	0	0	437	19,526	90.00
90.01	04950	SLEEP LAB	0	0	0	0	9,918	90.01
90.02	09001	GENERAL SURGERY CL	0	0	0	260	0	90.02
90.03	09002	PM PAIN CLINIC	0	0	0	0	14,877	90.03
91.00	09100	EMERGENCY	0	0	0	37,990	88,952	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	40,820	2,271	10,855	171,631	782,905	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	0	10,872	19,973	4,348	310	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	0	0	0	0	194.01
194.03	07953	MOB LEASED SPACE	0	0	0	0	0	194.03
194.05	07955	PERRY PLAZA LEASED	0	0	0	0	0	194.05
194.06	07954	PM PROMPT CARE	0	0	0	0	0	194.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1337

Period:
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Cost Center Description		PROMPT CARE PLANT OP	WALNUT CLINIC PLANT OP	HENRY CLINIC PLANT OP	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		7.02	7.03	7.04	8.00	9.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	40,820	13,143	30,828	175,979	783,215	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description		PERRY PLAZA HSKPING	PROMPT CARE HSKPING	WALNUT CLINIC HSKPING	HENRY CLINIC HSKPING	DIETARY	
		9.01	9.02	9.03	9.04	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	PERRY PLAZA B&F					1.01
1.02	00102	PROMPT CARE					1.02
1.03	00103	WALNUT CLINIC					1.03
1.04	00104	HENRY CLINIC					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	BUSINESS OFFICE					5.01
5.02	00591	A&G HOSPITAL-ONLY					5.02
5.03	00592	A&G SHARED					5.03
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	PERRY PLAZA PLANT OP					7.01
7.02	00702	PROMPT CARE PLANT OP					7.02
7.03	00703	WALNUT CLINIC PLANT OP					7.03
7.04	00704	HENRY CLINIC PLANT OP					7.04
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	PERRY PLAZA HSKPING	33,334				9.01
9.02	00902	PROMPT CARE HSKPING	0	9,107			9.02
9.03	00903	WALNUT CLINIC HSKPING	0	0	3,929		9.03
9.04	00904	HENRY CLINIC HSKPING	0	0	0	6,781	9.04
10.00	01000	DIETARY	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	PATIENT REGISTRATION	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,302	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	602	608	2,138	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	7,203	0	0	88.01
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	SLEEP LAB	0	0	0	0	90.01
90.02	09001	GENERAL SURGERY CL	0	0	0	0	90.02
90.03	09002	PM PAIN CLINIC	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	9,107	608	2,138	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	0	0	3,321	4,643	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	0	0	0	194.01
194.03	07953	MOB LEASED SPACE	0	0	0	0	194.03
194.05	07955	PERRY PLAZA LEASED	33,334	0	0	0	194.05
194.06	07954	PM PROMPT CARE	0	0	0	0	194.06

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		PERRY PLAZA HSKPING	PROMPT CARE HSKPING	WALNUT CLINIC HSKPING	HENRY CLINIC HSKPING	DIETARY	
		9.01	9.02	9.03	9.04	10.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	33,334	9,107	3,929	6,781	1,197,285	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	PERRY PLAZA B&F						1.01
1.02	00102	PROMPT CARE						1.02
1.03	00103	WALNUT CLINIC						1.03
1.04	00104	HENRY CLINIC						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	BUSINESS OFFICE						5.01
5.02	00591	A&G HOSPITAL-ONLY						5.02
5.03	00592	A&G SHARED						5.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	PERRY PLAZA PLANT OP						7.01
7.02	00702	PROMPT CARE PLANT OP						7.02
7.03	00703	WALNUT CLINIC PLANT OP						7.03
7.04	00704	HENRY CLINIC PLANT OP						7.04
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	PERRY PLAZA HSKPING						9.01
9.02	00902	PROMPT CARE HSKPING						9.02
9.03	00903	WALNUT CLINIC HSKPING						9.03
9.04	00904	HENRY CLINIC HSKPING						9.04
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	879,854					11.00
13.00	01300	NURSING ADMINISTRATION	37,941	1,631,340				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,589	42,304	248,384			14.00
15.00	01500	PHARMACY	15,314	0	797	938,206		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	58,752	0	6	0	1,055,838	16.00
17.00	01700	SOCIAL SERVICE	24,247	0	0	0	0	17.00
18.00	01850	PATIENT REGISTRATION	31,806	0	1,438	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	51,340	492,075	10,168	31	36,657	30.00
31.00	03100	INTENSIVE CARE UNIT	17,081	156,877	1,763	0	8,038	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	110,387	564,344	33,390	29	225,153	50.00
53.00	05300	ANESTHESIOLOGY	0	0	4,707	0	6,186	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,021	0	228	12	48,095	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,295	0	292	129	30,023	55.00
56.00	05600	RADIOISOTOPE	0	0	201	58,008	9,609	56.00
57.00	05700	CT SCAN	4,319	0	3,518	461	119,409	57.00
58.00	05800	MRI	6,135	0	889	14	33,304	58.00
60.00	06000	LABORATORY	53,402	0	12,145	0	159,735	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	3,350	63.00
65.00	06500	RESPIRATORY THERAPY	18,357	0	1,316	1,407	16,856	65.00
66.00	06600	PHYSICAL THERAPY	53,598	0	1,305	73	41,672	66.00
69.00	06900	ELECTROCARDIOLOGY	5,154	0	203	19	12,093	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2	54	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	150,265	0	30,154	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	832,903	56,016	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	0	5	0	6,143	76.01
76.97	07697	CARDIAC REHABILITATION	6,381	0	1,449	0	4,690	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	159,519	0	2,232	20,989	44,329	88.00
88.01	08801	RURAL HEALTH CLINIC II	27,437	0	2,035	2,874	11,598	88.01
90.00	09000	CLINIC	35,487	0	1,526	13,004	7,542	90.00
90.01	04950	SLEEP LAB	294	0	738	0	6,914	90.01
90.02	09001	GENERAL SURGERY CL	23,412	0	2,810	148	3,097	90.02
90.03	09002	PM PAIN CLINIC	6,233	0	0	0	2,034	90.03
91.00	09100	EMERGENCY	35,290	375,740	14,225	109	131,828	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	845,791	1,631,340	247,651	930,212	1,054,579	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	34,063	0	733	7,994	1,259	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	0	0	0	0	194.01
194.03	07953	MOB LEASED SPACE	0	0	0	0	0	194.03
194.05	07955	PERRY PLAZA LEASED	0	0	0	0	0	194.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1337

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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	
194.06	07954	PM PROMPT CARE	0	0	0	0	0	194.06
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)	879,854	1,631,340	248,384	938,206	1,055,838	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			PATIENT REGISTRATION				
		17.00	18.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	PERRY PLAZA B&F					1.01
1.02	00102	PROMPT CARE					1.02
1.03	00103	WALNUT CLINIC					1.03
1.04	00104	HENRY CLINIC					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	BUSINESS OFFICE					5.01
5.02	00591	A&G HOSPITAL-ONLY					5.02
5.03	00592	A&G SHARED					5.03
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	PERRY PLAZA PLANT OP					7.01
7.02	00702	PROMPT CARE PLANT OP					7.02
7.03	00703	WALNUT CLINIC PLANT OP					7.03
7.04	00704	HENRY CLINIC PLANT OP					7.04
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	PERRY PLAZA HSKPING					9.01
9.02	00902	PROMPT CARE HSKPING					9.02
9.03	00903	WALNUT CLINIC HSKPING					9.03
9.04	00904	HENRY CLINIC HSKPING					9.04
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	652,542				17.00
18.00	01850	PATIENT REGISTRATION	0	658,488			18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	607,054	24,483	3,967,247	0	3,967,247
31.00	03100	INTENSIVE CARE UNIT	45,488	5,369	1,349,638	0	1,349,638
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	150,344	6,466,447	0	6,466,447
53.00	05300	ANESTHESIOLOGY	0	4,131	112,620	0	112,620
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	32,122	1,972,207	0	1,972,207
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,052	651,943	0	651,943
56.00	05600	RADIOISOTOPE	0	6,418	399,845	0	399,845
57.00	05700	CT SCAN	0	79,751	655,409	0	655,409
58.00	05800	MRI	0	22,243	424,667	0	424,667
60.00	06000	LABORATORY	0	106,684	3,025,407	0	3,025,407
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,238	170,168	0	170,168
65.00	06500	RESPIRATORY THERAPY	0	11,258	843,339	0	843,339
66.00	06600	PHYSICAL THERAPY	0	27,832	1,520,261	0	1,520,261
69.00	06900	ELECTROCARDIOLOGY	0	8,077	122,367	0	122,367
70.00	07000	ELECTROENCEPHALOGRAPHY	0	36	9,124	0	9,124
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	20,139	1,395,212	0	1,395,212
73.00	07300	DRUGS CHARGED TO PATIENTS	0	37,412	2,381,560	0	2,381,560
76.00	03140	CARDIOLOGY	0	0	0	0	0
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	4,103	554,047	0	554,047
76.97	07697	CARDIAC REHABILITATION	0	3,132	203,773	0	203,773
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	4,854,071	0	4,854,071
88.01	08801	RURAL HEALTH CLINIC II	0	0	969,524	0	969,524
90.00	09000	CLINIC	0	0	875,193	0	875,193
90.01	04950	SLEEP LAB	0	4,618	166,253	0	166,253
90.02	09001	GENERAL SURGERY CL	0	0	304,553	0	304,553
90.03	09002	PM PAIN CLINIC	0	0	145,832	0	145,832
91.00	09100	EMERGENCY	0	88,046	3,842,042	0	3,842,042
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	652,542	658,488	37,382,749	0	37,382,749
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	15,713	0	15,713
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			SOCIAL SERVICE	OTHER GENERAL SERVICE		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
				PATIENT REGISTRATION					
			17.00	18.00		24.00	25.00	26.00	
194.00	07956	WALNUT & HENRY CLINICS	0	0		841,757	0	841,757	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	0		57,606	0	57,606	194.01
194.03	07953	MOB LEASED SPACE	0	0		389,317	0	389,317	194.03
194.05	07955	PERRY PLAZA LEASED	0	0		175,523	0	175,523	194.05
194.06	07954	PM PROMPT CARE	0	0		0	0	0	194.06
200.00		Cross Foot Adjustments				0	0	0	200.00
201.00		Negative Cost Centers	0	0		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	652,542	658,488		38,862,665	0	38,862,665	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet B
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	PERRY PLAZA B&F	PROMPT CARE	WALNUT CLINIC	
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	PERRY PLAZA B&F						1.01
1.02	00102	PROMPT CARE						1.02
1.03	00103	WALNUT CLINIC						1.03
1.04	00104	HENRY CLINIC						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	5,566	0	0	0	4.00
5.01	00590	BUSINESS OFFICE	0	25,080	0	0	0	5.01
5.02	00591	A&G HOSPITAL-ONLY	0	48,789	192	0	0	5.02
5.03	00592	A&G SHARED	0	94,427	0	0	0	5.03
7.00	00700	OPERATION OF PLANT	0	143,975	4,788	0	0	7.00
7.01	00701	PERRY PLAZA PLANT OP	0	0	216	0	0	7.01
7.02	00702	PROMPT CARE PLANT OP	0	0	0	0	0	7.02
7.03	00703	WALNUT CLINIC PLANT OP	0	0	0	0	630	7.03
7.04	00704	HENRY CLINIC PLANT OP	0	0	0	0	0	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	17,519	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	14,795	0	0	0	9.00
9.01	00901	PERRY PLAZA HSKPING	0	0	0	0	0	9.01
9.02	00902	PROMPT CARE HSKPING	0	0	0	0	0	9.02
9.03	00903	WALNUT CLINIC HSKPING	0	0	0	0	87	9.03
9.04	00904	HENRY CLINIC HSKPING	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	32,530	0	0	0	10.00
11.00	01100	CAFETERIA	0	16,172	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	15,938	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	11,372	0	0	0	14.00
15.00	01500	PHARMACY	0	14,554	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	28,861	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	12,176	0	0	0	17.00
18.00	01850	PATIENT REGISTRATION	0	6,072	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	101,617	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	21,052	0	0	0	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	149,220	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	1,100	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	29,732	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,088	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	3,638	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	7,919	0	0	0	58.00
60.00	06000	LABORATORY	0	24,814	0	0	619	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	12,614	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	30,189	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	852	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,113	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	7,993	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	9,173	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	44,224	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
90.00	09000	CLINIC	0	22,028	0	0	0	90.00
90.01	04950	SLEEP LAB	0	6,746	0	0	0	90.01
90.02	09001	GENERAL SURGERY CL	0	7,907	0	0	0	90.02
90.03	09002	PM PAIN CLINIC	0	6,381	0	0	0	90.03
91.00	09100	EMERGENCY	0	51,284	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,030,510	5,196	0	1,336	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,089	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	0	0	0	0	3,376	194.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	PERRY PLAZA B&F	PROMPT CARE	WALNUT CLINIC	
			1.00	1.01	1.02	1.03	
194.01	07951	HOSPITAL LEASED SPACE	0	14,992	0	0	0 194.01
194.03	07953	MOB LEASED SPACE	0	101,321	0	0	0 194.03
194.05	07955	PERRY PLAZA LEASED	0	0	25,870	0	0 194.05
194.06	07954	PM PROMPT CARE	0	0	0	0	0 194.06
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,150,912	31,066	0	4,712 202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	BUSINESS OFFICE	
			HENRY CLINIC	MVBLE EQUIP				
			1.04	2.00				
			1.04	2.00	2A	4.00	5.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	PERRY PLAZA B&F						1.01
1.02	00102	PROMPT CARE						1.02
1.03	00103	WALNUT CLINIC						1.03
1.04	00104	HENRY CLINIC						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	5,566	5,566		4.00
5.01	00590	BUSINESS OFFICE	0	0	25,080	189	25,269	5.01
5.02	00591	A&G HOSPITAL-ONLY	0	937,459	986,440	244	0	5.02
5.03	00592	A&G SHARED	0	4,466	98,893	361	0	5.03
7.00	00700	OPERATION OF PLANT	0	20,838	169,601	180	0	7.00
7.01	00701	PERRY PLAZA PLANT OP	0	30,259	30,475	0	0	7.01
7.02	00702	PROMPT CARE PLANT OP	0	0	0	0	0	7.02
7.03	00703	WALNUT CLINIC PLANT OP	0	0	630	0	0	7.03
7.04	00704	HENRY CLINIC PLANT OP	1,862	0	1,862	0	0	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	510	18,029	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	14,795	123	0	9.00
9.01	00901	PERRY PLAZA HSKPING	0	0	0	6	0	9.01
9.02	00902	PROMPT CARE HSKPING	0	0	0	1	0	9.02
9.03	00903	WALNUT CLINIC HSKPING	0	0	87	1	0	9.03
9.04	00904	HENRY CLINIC HSKPING	285	0	285	0	0	9.04
10.00	01000	DIETARY	0	16,799	49,329	135	0	10.00
11.00	01100	CAFETERIA	0	0	16,172	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	15,938	331	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,244	16,616	19	0	14.00
15.00	01500	PHARMACY	0	852	15,406	79	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,227	31,088	178	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	12,176	121	0	17.00
18.00	01850	PATIENT REGISTRATION	0	624	6,696	123	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	49,276	150,893	341	876	30.00
31.00	03100	INTENSIVE CARE UNIT	0	28,358	49,410	156	192	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	258,320	407,540	551	5,410	50.00
53.00	05300	ANESTHESIOLOGY	0	36,340	37,440	0	148	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	269,542	299,274	240	1,150	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	49,117	51,205	84	718	55.00
56.00	05600	RADIOISOTOPE	0	0	3,638	0	230	56.00
57.00	05700	CT SCAN	0	987	987	22	2,855	57.00
58.00	05800	MRI	0	3,878	11,797	35	796	58.00
60.00	06000	LABORATORY	1,584	48,885	75,902	240	3,819	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	80	63.00
65.00	06500	RESPIRATORY THERAPY	0	9,227	21,841	147	403	65.00
66.00	06600	PHYSICAL THERAPY	0	6,191	36,380	256	996	66.00
69.00	06900	ELECTROCARDIOLOGY	0	6,369	7,221	16	289	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	454	2,567	0	1	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	721	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,339	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	0	7,993	0	147	76.01
76.97	07697	CARDIAC REHABILITATION	0	10,616	19,789	25	112	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	35,078	79,302	589	1,060	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	26,078	26,078	163	277	88.01
90.00	09000	CLINIC	0	8,343	30,371	132	180	90.00
90.01	04950	SLEEP LAB	0	5,182	11,928	21	165	90.01
90.02	09001	GENERAL SURGERY CL	0	0	7,907	37	74	90.02
90.03	09002	PM PAIN CLINIC	0	0	6,381	20	49	90.03
91.00	09100	EMERGENCY	0	45,499	96,783	307	3,152	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,731	1,917,018	2,957,791	5,473	25,239	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	4,089	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	3,439	2,172	8,987	93	30	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	0	14,992	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

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To 04/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	BUSINESS OFFICE	
			HENRY CLINIC	MVBLE EQUIP				
			1.04	2.00	2A	4.00	5.01	
194.03	07953	MOB LEASED SPACE	0	0	101,321	0	0	194.03
194.05	07955	PERRY PLAZA LEASED	0	0	25,870	0	0	194.05
194.06	07954	PM PROMPT CARE	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,170	1,919,190	3,113,050	5,566	25,269	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part II
Date/Time Prepared:
9/26/2019 5:14 pm

Cost Center Description			A&G HOSPITAL-ONLY	A&G SHARED	OPERATION OF PLANT	PERRY PLAZA PLANT OP	PROMPT CARE PLANT OP	
			5.02	5.03	7.00	7.01	7.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	PERRY PLAZA B&F						1.01
1.02	00102	PROMPT CARE						1.02
1.03	00103	WALNUT CLINIC						1.03
1.04	00104	HENRY CLINIC						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	BUSINESS OFFICE						5.01
5.02	00591	A&G HOSPITAL-ONLY	986,684					5.02
5.03	00592	A&G SHARED	70,632	169,886				5.03
7.00	00700	OPERATION OF PLANT	54,528	10,071	234,380			7.00
7.01	00701	PERRY PLAZA PLANT OP	2,706	500	0	33,681		7.01
7.02	00702	PROMPT CARE PLANT OP	966	178	0	0	1,144	7.02
7.03	00703	WALNUT CLINIC PLANT OP	311	57	0	0	0	7.03
7.04	00704	HENRY CLINIC PLANT OP	730	135	0	0	0	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	3,018	557	4,929	0	0	8.00
9.00	00900	HOUSEKEEPING	17,568	3,245	4,162	0	0	9.00
9.01	00901	PERRY PLAZA HSKPING	789	146	0	0	0	9.01
9.02	00902	PROMPT CARE HSKPING	173	32	0	0	50	9.02
9.03	00903	WALNUT CLINIC HSKPING	86	16	0	0	0	9.03
9.04	00904	HENRY CLINIC HSKPING	121	22	0	0	0	9.04
10.00	01000	DIETARY	25,723	4,751	9,152	0	0	10.00
11.00	01100	CAFETERIA	450	83	4,550	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	35,917	6,634	4,484	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,800	702	3,200	0	0	14.00
15.00	01500	PHARMACY	20,643	3,813	4,095	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,584	3,987	8,120	0	0	16.00
17.00	01700	SOCIAL SERVICE	13,695	2,529	3,425	0	0	17.00
18.00	01850	PATIENT REGISTRATION	13,626	2,517	1,708	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	46,819	8,647	28,589	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	23,750	4,387	5,923	0	0	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	111,165	20,535	41,982	0	0	50.00
53.00	05300	ANESTHESIOLOGY	2,238	413	309	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,930	7,560	8,365	0	156	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,595	2,511	587	0	0	55.00
56.00	05600	RADIOISOTOPE	7,448	1,376	1,024	0	0	56.00
57.00	05700	CT SCAN	10,405	1,922	0	0	0	57.00
58.00	05800	MRI	7,894	1,458	2,228	0	0	58.00
60.00	06000	LABORATORY	60,967	11,261	6,981	0	72	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,895	719	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	17,647	3,259	3,549	0	0	65.00
66.00	06600	PHYSICAL THERAPY	30,541	5,641	8,493	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	2,236	413	240	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	75	14	594	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,274	5,222	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,441	6,361	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	11,958	2,209	2,249	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	3,738	690	2,581	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	105,192	19,429	12,442	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	20,995	3,878	0	0	866	88.01
90.00	09000	CLINIC	17,434	3,220	6,198	0	0	90.00
90.01	04950	SLEEP LAB	2,942	543	1,898	0	0	90.01
90.02	09001	GENERAL SURGERY CL	5,987	1,106	2,225	0	0	90.02
90.03	09002	PM PAIN CLINIC	2,486	459	1,795	0	0	90.03
91.00	09100	EMERGENCY	68,718	12,692	14,428	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	968,836	165,900	200,505	0	1,144	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	19	1,151	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	17,848	3,297	0	0	0	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	71	4,218	0	0	194.01
194.03	07953	MOB LEASED SPACE	0	477	28,506	0	0	194.03
194.05	07955	PERRY PLAZA LEASED	0	122	0	33,681	0	194.05
194.06	07954	PM PROMPT CARE	0	0	0	0	0	194.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet B
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Cost Center Description		A&G HOSPITAL-ONLY	A&G SHARED	OPERATION OF PLANT	PERRY PLAZA PLANT OP	PROMPT CARE PLANT OP	
		5.02	5.03	7.00	7.01	7.02	
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)	986,684	169,886	234,380	33,681	1,144	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			WALNUT CLINIC PLANT OP	HENRY CLINIC PLANT OP	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	PERRY PLAZA HSKPING	
			7.03	7.04	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	PERRY PLAZA B&F						1.01
1.02	00102	PROMPT CARE						1.02
1.03	00103	WALNUT CLINIC						1.03
1.04	00104	HENRY CLINIC						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	BUSINESS OFFICE						5.01
5.02	00591	A&G HOSPITAL-ONLY						5.02
5.03	00592	A&G SHARED						5.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	PERRY PLAZA PLANT OP						7.01
7.02	00702	PROMPT CARE PLANT OP						7.02
7.03	00703	WALNUT CLINIC PLANT OP	998					7.03
7.04	00704	HENRY CLINIC PLANT OP	0	2,727				7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	26,533			8.00
9.00	00900	HOUSEKEEPING	0	0	0	39,893		9.00
9.01	00901	PERRY PLAZA HSKPING	0	0	0	0	941	9.01
9.02	00902	PROMPT CARE HSKPING	0	0	0	0	0	9.02
9.03	00903	WALNUT CLINIC HSKPING	21	0	0	0	0	9.03
9.04	00904	HENRY CLINIC HSKPING	0	146	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	1,042	0	10.00
11.00	01100	CAFETERIA	0	0	6	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	1,563	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	79	253	0	14.00
15.00	01500	PHARMACY	0	0	0	489	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	268	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	774	0	17.00
18.00	01850	PATIENT REGISTRATION	0	0	0	1,295	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	6,096	8,383	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,456	758	0	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	7,697	10,290	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	939	1,373	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	747	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	119	0	0	56.00
57.00	05700	CT SCAN	0	0	742	174	0	57.00
58.00	05800	MRI	0	0	532	158	0	58.00
60.00	06000	LABORATORY	151	814	0	1,516	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	695	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,492	600	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	0	0	631	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	70	221	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	54	2,589	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	15	16	0	88.01
90.00	09000	CLINIC	0	0	66	995	0	90.00
90.01	04950	SLEEP LAB	0	0	0	505	0	90.01
90.02	09001	GENERAL SURGERY CL	0	0	39	0	0	90.02
90.03	09002	PM PAIN CLINIC	0	0	0	758	0	90.03
91.00	09100	EMERGENCY	0	0	5,728	4,531	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	172	960	25,877	39,877	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	826	1,767	656	16	0	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	0	0	0	0	194.01
194.03	07953	MOB LEASED SPACE	0	0	0	0	0	194.03
194.05	07955	PERRY PLAZA LEASED	0	0	0	0	941	194.05
194.06	07954	PM PROMPT CARE	0	0	0	0	0	194.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		WALNUT CLINIC PLANT OP	HENRY CLINIC PLANT OP	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	PERRY PLAZA HSPKING	
		7.03	7.04	8.00	9.00	9.01	
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)	998	2,727	26,533	39,893	941	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part II
Date/Time Prepared:
9/26/2019 5:14 pm

Cost Center Description			PROMPT CARE HSKPING	WALNUT CLINIC HSKPING	HENRY CLINIC HSKPING	DIETARY	CAFETERIA	
			9.02	9.03	9.04	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	PERRY PLAZA B&F						1.01
1.02	00102	PROMPT CARE						1.02
1.03	00103	WALNUT CLINIC						1.03
1.04	00104	HENRY CLINIC						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	BUSINESS OFFICE						5.01
5.02	00591	A&G HOSPITAL-ONLY						5.02
5.03	00592	A&G SHARED						5.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	PERRY PLAZA PLANT OP						7.01
7.02	00702	PROMPT CARE PLANT OP						7.02
7.03	00703	WALNUT CLINIC PLANT OP						7.03
7.04	00704	HENRY CLINIC PLANT OP						7.04
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	PERRY PLAZA HSKPING						9.01
9.02	00902	PROMPT CARE HSKPING	256					9.02
9.03	00903	WALNUT CLINIC HSKPING	0	211				9.03
9.04	00904	HENRY CLINIC HSKPING	0	0	574			9.04
10.00	01000	DIETARY	0	0	0	90,132		10.00
11.00	01100	CAFETERIA	0	0	0	61,435	82,696	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	78	3,566	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	807	14.00
15.00	01500	PHARMACY	0	0	0	0	1,439	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	5,522	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	60	2,279	17.00
18.00	01850	PATIENT REGISTRATION	0	0	0	549	2,989	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	21,167	4,825	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	2,165	1,605	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	1,544	10,375	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37	0	0	78	3,667	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	1,532	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5	0	56.00
57.00	05700	CT SCAN	0	0	0	0	406	57.00
58.00	05800	MRI	0	0	0	0	577	58.00
60.00	06000	LABORATORY	17	33	181	145	5,019	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	1,725	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	13	5,038	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	484	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	0	0	303	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	600	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	668	14,994	88.00
88.01	08801	RURAL HEALTH CLINIC II	202	0	0	0	2,579	88.01
90.00	09000	CLINIC	0	0	0	8	3,335	90.00
90.01	04950	SLEEP LAB	0	0	0	62	28	90.01
90.02	09001	GENERAL SURGERY CL	0	0	0	0	2,200	90.02
90.03	09002	PM PAIN CLINIC	0	0	0	0	586	90.03
91.00	09100	EMERGENCY	0	0	0	1,844	3,317	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	256	33	181	90,124	79,494	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	0	178	393	8	3,202	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	0	0	0	0	194.01
194.03	07953	MOB LEASED SPACE	0	0	0	0	0	194.03
194.05	07955	PERRY PLAZA LEASED	0	0	0	0	0	194.05
194.06	07954	PM PROMPT CARE	0	0	0	0	0	194.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part II
Date/Time Prepared:
9/26/2019 5:14 pm

Cost Center Description		PROMPT CARE HSKPING	WALNUT CLINIC HSKPING	HENRY CLINIC HSKPING	DIETARY	CAFETERIA	
		9.02	9.03	9.04	10.00	11.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	256	211	574	90,132	82,696	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	PERRY PLAZA B&F						1.01
1.02	00102	PROMPT CARE						1.02
1.03	00103	WALNUT CLINIC						1.03
1.04	00104	HENRY CLINIC						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	BUSINESS OFFICE						5.01
5.02	00591	A&G HOSPITAL-ONLY						5.02
5.03	00592	A&G SHARED						5.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	PERRY PLAZA PLANT OP						7.01
7.02	00702	PROMPT CARE PLANT OP						7.02
7.03	00703	WALNUT CLINIC PLANT OP						7.03
7.04	00704	HENRY CLINIC PLANT OP						7.04
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	PERRY PLAZA HSKPING						9.01
9.02	00902	PROMPT CARE HSKPING						9.02
9.03	00903	WALNUT CLINIC HSKPING						9.03
9.04	00904	HENRY CLINIC HSKPING						9.04
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	68,511					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,777	27,253				14.00
15.00	01500	PHARMACY	0	87	46,051			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1	0	70,748		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	35,059	17.00
18.00	01850	PATIENT REGISTRATION	0	158	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,666	1,116	2	2,456	32,615	30.00
31.00	03100	INTENSIVE CARE UNIT	6,588	193	0	539	2,444	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,700	3,664	1	15,081	0	50.00
53.00	05300	ANESTHESIOLOGY	0	517	0	415	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	25	1	3,223	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	32	6	2,012	0	55.00
56.00	05600	RADIOISOTOPE	0	22	2,847	644	0	56.00
57.00	05700	CT SCAN	0	386	23	8,002	0	57.00
58.00	05800	MRI	0	98	1	2,232	0	58.00
60.00	06000	LABORATORY	0	1,333	0	10,704	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	225	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	144	69	1,130	0	65.00
66.00	06600	PHYSICAL THERAPY	0	143	4	2,792	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	22	1	810	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,487	0	2,021	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	40,883	3,754	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	1	0	412	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	159	0	314	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	245	1,030	2,971	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	223	141	777	0	88.01
90.00	09000	CLINIC	0	167	638	505	0	90.00
90.01	04950	SLEEP LAB	0	81	0	463	0	90.01
90.02	09001	GENERAL SURGERY CL	0	308	7	208	0	90.02
90.03	09002	PM PAIN CLINIC	0	0	0	136	0	90.03
91.00	09100	EMERGENCY	15,780	1,561	5	8,834	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	68,511	27,173	45,659	70,664	35,059	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	0	80	392	84	0	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	0	0	0	0	194.01
194.03	07953	MOB LEASED SPACE	0	0	0	0	0	194.03
194.05	07955	PERRY PLAZA LEASED	0	0	0	0	0	194.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1337

Period:
From 05/01/2018
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Cost Center Description			NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
194.06	07954	PM PROMPT CARE	0	0	0	0	0	194.06
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)	68,511	27,253	46,051	70,748	35,059	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			PATIENT REGISTRATION					
			18.00					
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	PERRY PLAZA B&F						1.01
1.02	00102	PROMPT CARE						1.02
1.03	00103	WALNUT CLINIC						1.03
1.04	00104	HENRY CLINIC						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	BUSINESS OFFICE						5.01
5.02	00591	A&G HOSPITAL-ONLY						5.02
5.03	00592	A&G SHARED						5.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	PERRY PLAZA PLANT OP						7.01
7.02	00702	PROMPT CARE PLANT OP						7.02
7.03	00703	WALNUT CLINIC PLANT OP						7.03
7.04	00704	HENRY CLINIC PLANT OP						7.04
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	PERRY PLAZA HSKPING						9.01
9.02	00902	PROMPT CARE HSKPING						9.02
9.03	00903	WALNUT CLINIC HSKPING						9.03
9.04	00904	HENRY CLINIC HSKPING						9.04
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT REGISTRATION	29,661					18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,101	334,592	0	334,592		30.00
31.00	03100	INTENSIVE CARE UNIT	241	99,807	0	99,807		31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,805	666,340	0	666,340		50.00
53.00	05300	ANESTHESIOLOGY	186	41,666	0	41,666		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,445	368,463	0	368,463		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	902	73,931	0	73,931		55.00
56.00	05600	RADIOISOTOPE	289	17,642	0	17,642		56.00
57.00	05700	CT SCAN	3,587	29,511	0	29,511		57.00
58.00	05800	MRI	1,000	28,806	0	28,806		58.00
60.00	06000	LABORATORY	4,798	183,953	0	183,953		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	101	5,020	0	5,020		63.00
65.00	06500	RESPIRATORY THERAPY	506	51,115	0	51,115		65.00
66.00	06600	PHYSICAL THERAPY	1,252	93,641	0	93,641		66.00
69.00	06900	ELECTROCARDIOLOGY	363	12,095	0	12,095		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2	3,257	0	3,257		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	906	53,631	0	53,631		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,683	88,461	0	88,461		73.00
76.00	03140	CARDIOLOGY	0	0	0	0		76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	185	26,088	0	26,088		76.01
76.97	07697	CARDIAC REHABILITATION	141	28,440	0	28,440		76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	240,565	0	240,565		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	56,210	0	56,210		88.01
90.00	09000	CLINIC	0	63,249	0	63,249		90.00
90.01	04950	SLEEP LAB	208	18,844	0	18,844		90.01
90.02	09001	GENERAL SURGERY CL	0	20,098	0	20,098		90.02
90.03	09002	PM PAIN CLINIC	0	12,670	0	12,670		90.03
91.00	09100	EMERGENCY	3,960	241,640	0	241,640		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,661	2,859,735	0	2,859,735		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,259	0	5,259		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0		192.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1337

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

 Worksheet B
 Part II
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Cost Center Description			OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			PATIENT REGISTRATION					
			18.00	24.00	25.00	26.00		
194.00	07956	WALNUT & HENRY CLINICS	0	37,857	0	37,857		194.00
194.01	07951	HOSPITAL LEASED SPACE	0	19,281	0	19,281		194.01
194.03	07953	MOB LEASED SPACE	0	130,304	0	130,304		194.03
194.05	07955	PERRY PLAZA LEASED	0	60,614	0	60,614		194.05
194.06	07954	PM PROMPT CARE	0	0	0	0		194.06
200.00		Cross Foot Adjustments		0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	29,661	3,113,050	0	3,113,050		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1337

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	PERRY PLAZA B&F (PERRY PLAZA SQ FT)	PROMPT CARE (PROMPT CARE SQ FT)	WALNUT CLINIC (WALNUT CLINIC SQ FT)	HENRY CLINIC (HENRY CLINIC SQ FT)	
			1.00	1.01	1.02	1.03	1.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	186,312					1.00
1.01	00101	PERRY PLAZA B&F	0	37,714				1.01
1.02	00102	PROMPT CARE	0	0	2,185			1.02
1.03	00103	WALNUT CLINIC	0	0	0	815		1.03
1.04	00104	HENRY CLINIC	0	0	0	0	3,069	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	901	0	0	0	0	4.00
5.01	00590	BUSINESS OFFICE	4,060	0	0	0	0	5.01
5.02	00591	A&G HOSPITAL-ONLY	7,898	233	0	0	0	5.02
5.03	00592	A&G SHARED	15,286	0	0	0	0	5.03
7.00	00700	OPERATION OF PLANT	23,307	5,813	0	0	0	7.00
7.01	00701	PERRY PLAZA PLANT OP	0	262	0	0	0	7.01
7.02	00702	PROMPT CARE PLANT OP	0	0	364	0	0	7.02
7.03	00703	WALNUT CLINIC PLANT OP	0	0	0	109		7.03
7.04	00704	HENRY CLINIC PLANT OP	0	0	0	0	797	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	2,836	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,395	0	0	0	0	9.00
9.01	00901	PERRY PLAZA HSKPING	0	0	0	0	0	9.01
9.02	00902	PROMPT CARE HSKPING	0	0	80	0	0	9.02
9.03	00903	WALNUT CLINIC HSKPING	0	0	0	15	0	9.03
9.04	00904	HENRY CLINIC HSKPING	0	0	0	0	122	9.04
10.00	01000	DIETARY	5,266	0	0	0	0	10.00
11.00	01100	CAFETERIA	2,618	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,580	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,841	0	0	0	0	14.00
15.00	01500	PHARMACY	2,356	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,672	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,971	0	0	0	0	17.00
18.00	01850	PATIENT REGISTRATION	983	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,450	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,408	0	0	0	0	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,156	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	178	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,813	0	249	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	338	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	589	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	1,282	0	0	0	0	58.00
60.00	06000	LABORATORY	4,017	0	115	107	678	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,042	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,887	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	138	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	342	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	1,294	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	1,485	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	7,159	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	1,377	0	0	88.01
90.00	09000	CLINIC	3,566	0	0	0	0	90.00
90.01	04950	SLEEP LAB	1,092	0	0	0	0	90.01
90.02	09001	GENERAL SURGERY CL	1,280	0	0	0	0	90.02
90.03	09002	PM PAIN CLINIC	1,033	0	0	0	0	90.03
91.00	09100	EMERGENCY	8,302	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	166,821	6,308	2,185	231	1,597	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	662	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	0	0	0	584	1,472	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1337

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	PERRY PLAZA B&F (PERRY PLAZA SQ FT)	PROMPT CARE (PROMPT CARE SQ FT)	WALNUT CLINIC (WALNUT CLINIC SQ FT)	HENRY CLINIC (HENRY CLINIC SQ FT)	
			1.00	1.01	1.02	1.03	1.04	
194.01	07951	HOSPITAL LEASED SPACE	2,427	0	0	0	0	194.01
194.03	07953	MOB LEASED SPACE	16,402	0	0	0	0	194.03
194.05	07955	PERRY PLAZA LEASED	0	31,406	0	0	0	194.05
194.06	07954	PM PROMPT CARE	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,150,912	31,066	0	4,712	7,170	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.177337	0.823726	0.000000	5.781595	2.336266	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: 14-1337

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	BUSINESS OFFICE (GROSS REVE NUE)	Reconciliatio n	A&G HOSPITAL-ONLY (ACCUM. COST)	
		MVBLE EQUIP (DOLLAR VALUE)					
		2.00	4.00	5.01	5A.02	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	PERRY PLAZA B&F					1.01
1.02	00102	PROMPT CARE					1.02
1.03	00103	WALNUT CLINIC					1.03
1.04	00104	HENRY CLINIC					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,855,662				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	15,555,253			4.00
5.01	00590	BUSINESS OFFICE	0	528,140	93,833,665		5.01
5.02	00591	A&G HOSPITAL-ONLY	906,429	682,475	0	-3,219,432	5.02
5.03	00592	A&G SHARED	4,318	1,007,281	0	0	5.03
7.00	00700	OPERATION OF PLANT	20,148	502,930	0	0	7.00
7.01	00701	PERRY PLAZA PLANT OP	29,257	963	0	0	7.01
7.02	00702	PROMPT CARE PLANT OP	0	1,272	0	0	7.02
7.03	00703	WALNUT CLINIC PLANT OP	0	243	0	0	7.03
7.04	00704	HENRY CLINIC PLANT OP	0	803	0	0	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	493	32	0	0	8.00
9.00	00900	HOUSEKEEPING	0	344,574	0	0	9.00
9.01	00901	PERRY PLAZA HSKPING	0	16,144	0	0	9.01
9.02	00902	PROMPT CARE HSKPING	0	3,096	0	0	9.02
9.03	00903	WALNUT CLINIC HSKPING	0	1,584	0	0	9.03
9.04	00904	HENRY CLINIC HSKPING	0	912	0	0	9.04
10.00	01000	DIETARY	16,243	377,811	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	925,629	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,070	53,912	0	0	14.00
15.00	01500	PHARMACY	824	221,374	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,153	496,199	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	337,330	0	0	17.00
18.00	01850	PATIENT REGISTRATION	603	344,299	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	47,645	953,474	3,257,856	0	30.00
31.00	03100	INTENSIVE CARE UNIT	27,419	435,165	714,382	0	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	249,769	1,540,033	20,007,978	0	50.00
53.00	05300	ANESTHESIOLOGY	35,137	0	549,737	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	260,620	669,110	4,274,392	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	47,491	235,464	2,668,229	0	55.00
56.00	05600	RADIOISOTOPE	0	0	853,975	0	56.00
57.00	05700	CT SCAN	954	60,469	10,612,289	0	57.00
58.00	05800	MRI	3,750	96,387	2,959,799	0	58.00
60.00	06000	LABORATORY	47,267	669,652	14,196,127	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	297,750	0	63.00
65.00	06500	RESPIRATORY THERAPY	8,922	410,369	1,498,072	0	65.00
66.00	06600	PHYSICAL THERAPY	5,986	714,124	3,703,555	0	66.00
69.00	06900	ELECTROCARDIOLOGY	6,158	43,853	1,074,761	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	439	0	4,800	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,679,903	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	4,978,306	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	0	545,956	0	76.01
76.97	07697	CARDIAC REHABILITATION	10,265	70,565	416,825	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	33,917	1,650,785	3,939,656	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	25,215	455,103	1,030,747	0	88.01
90.00	09000	CLINIC	8,067	367,738	670,279	0	90.00
90.01	04950	SLEEP LAB	5,010	59,399	614,490	0	90.01
90.02	09001	GENERAL SURGERY CL	0	103,755	275,208	0	90.02
90.03	09002	PM PAIN CLINIC	0	54,889	180,730	0	90.03
91.00	09100	EMERGENCY	43,993	857,820	11,715,971	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,853,562	15,295,157	93,721,773	-3,219,432	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	-4,089	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	192.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1337

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

Worksheet B-1

Date/Time Prepared:
9/26/2019 5:14 pm

Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	BUSINESS OFFICE (GROSS REVE NUE)	Reconciliatio n	A&G HOSPITAL-ONLY (ACCUM. COST)	
			MVBLE EQUIP (DOLLAR VALUE)					
			2.00	4.00	5.01	5A.02	5.02	
194.00	07956	WALNUT & HENRY CLINICS	2,100	260,096	111,892	0	642,118	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	0	0	-14,992	0	194.01
194.03	07953	MOB LEASED SPACE	0	0	0	-101,321	0	194.03
194.05	07955	PERRY PLAZA LEASED	0	0	0	-25,870	0	194.05
194.06	07954	PM PROMPT CARE	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,919,190	5,597,277	1,036,975		3,219,432	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.034235	0.359832	0.011051		0.090696	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		5,566	25,269		986,684	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000358	0.000269		0.027796	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: 14-1337

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

Worksheet B-1

Date/Time Prepared:
9/26/2019 5:14 pm

Cost Center Description			Reconciliation	A&G SHARED (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	PERRY PLAZA PLANT OP (PERRY PLAZA SQ FT)	PROMPT CARE PLANT OP (PROMPT CARE SQ FT)	
			5A.03	5.03	7.00	7.01	7.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	PERRY PLAZA B&F						1.01
1.02	00102	PROMPT CARE						1.02
1.03	00103	WALNUT CLINIC						1.03
1.04	00104	HENRY CLINIC						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	BUSINESS OFFICE						5.01
5.02	00591	A&G HOSPITAL-ONLY						5.02
5.03	00592	A&G SHARED	-2,771,535	36,091,130				5.03
7.00	00700	OPERATION OF PLANT	0	2,139,660	134,860			7.00
7.01	00701	PERRY PLAZA PLANT OP	0	106,178	0	31,406		7.01
7.02	00702	PROMPT CARE PLANT OP	0	37,909	0	0	1,821	7.02
7.03	00703	WALNUT CLINIC PLANT OP	0	12,206	0	0	0	7.03
7.04	00704	HENRY CLINIC PLANT OP	0	28,629	0	0	0	7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	118,433	2,836	0	0	8.00
9.00	00900	HOUSEKEEPING	0	689,360	2,395	0	0	9.00
9.01	00901	PERRY PLAZA HSKPING	0	30,957	0	0	0	9.01
9.02	00902	PROMPT CARE HSKPING	0	6,792	0	0	80	9.02
9.03	00903	WALNUT CLINIC HSKPING	0	3,390	0	0	0	9.03
9.04	00904	HENRY CLINIC HSKPING	0	4,760	0	0	0	9.04
10.00	01000	DIETARY	0	1,009,353	5,266	0	0	10.00
11.00	01100	CAFETERIA	0	17,639	2,618	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,409,376	2,580	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	149,107	1,841	0	0	14.00
15.00	01500	PHARMACY	0	810,032	2,356	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	846,954	4,672	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	537,377	1,971	0	0	17.00
18.00	01850	PATIENT REGISTRATION	0	534,681	983	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,837,145	16,450	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	931,936	3,408	0	0	31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	4,361,552	24,156	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	87,812	178	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,606,059	4,813	0	249	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	533,456	338	0	0	55.00
56.00	05600	RADIOISOTOPE	0	292,247	589	0	0	56.00
57.00	05700	CT SCAN	0	408,269	0	0	0	57.00
58.00	05800	MRI	0	309,766	1,282	0	0	58.00
60.00	06000	LABORATORY	0	2,392,303	4,017	0	115	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	152,843	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	692,447	2,042	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,198,415	4,887	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	87,726	138	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,962	342	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,109,456	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,351,447	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	469,231	1,294	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	146,686	1,485	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	4,127,653	7,159	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	823,833	0	0	1,377	88.01
90.00	09000	CLINIC	0	684,111	3,566	0	0	90.00
90.01	04950	SLEEP LAB	0	115,425	1,092	0	0	90.01
90.02	09001	GENERAL SURGERY CL	0	234,918	1,280	0	0	90.02
90.03	09002	PM PAIN CLINIC	0	97,549	1,033	0	0	90.03
91.00	09100	EMERGENCY	0	2,696,462	8,302	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-2,771,535	35,244,502	115,369	0	1,821	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,089	662	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	0	700,356	0	0	0	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	14,992	2,427	0	0	194.01
194.03	07953	MOB LEASED SPACE	0	101,321	16,402	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1337

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

Worksheet B-1

Date/Time Prepared:
9/26/2019 5:14 pm

Cost Center Description			Reconciliation	A&G SHARED (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	PERRY PLAZA PLANT OP (PERRY PLAZA SQ FT)	PROMPT CARE PLANT OP (PROMPT CARE SQ FT)	
			5A.03	5.03	7.00	7.01	7.02	
194.05	07955	PERRY PLAZA LEASED	0	25,870	0	31,406	0	194.05
194.06	07954	PM PROMPT CARE	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		2,771,535	2,303,971	114,332	40,820	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.076793	17.084169	3.640451	22.416255	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		169,886	234,380	33,681	1,144	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.004707	1.737950	1.072438	0.628226	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: 14-1337

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

Worksheet B-1

Date/Time Prepared:
9/26/2019 5:14 pm

Cost Center Description		WALNUT CLINIC PLANT OP (WALNUT CLINIC SQ FT)	HENRY CLINIC PLANT OP (HENRY CLINIC SQ FT)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	PERRY PLAZA HSKPING (PERRY PLAZA SQ FT)	
		7.03	7.04	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	PERRY PLAZA B&F					1.01
1.02	00102	PROMPT CARE					1.02
1.03	00103	WALNUT CLINIC					1.03
1.04	00104	HENRY CLINIC					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	BUSINESS OFFICE					5.01
5.02	00591	A&G HOSPITAL-ONLY					5.02
5.03	00592	A&G SHARED					5.03
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	PERRY PLAZA PLANT OP					7.01
7.02	00702	PROMPT CARE PLANT OP					7.02
7.03	00703	WALNUT CLINIC PLANT OP	706				7.03
7.04	00704	HENRY CLINIC PLANT OP	0	2,272			7.04
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	175,684		8.00
9.00	00900	HOUSEKEEPING	0	0	0	2,527	9.00
9.01	00901	PERRY PLAZA HSKPING	0	0	0	0	31,406
9.02	00902	PROMPT CARE HSKPING	0	0	0	0	0
9.03	00903	WALNUT CLINIC HSKPING	15	0	0	0	0
9.04	00904	HENRY CLINIC HSKPING	0	122	0	0	0
10.00	01000	DIETARY	0	0	0	66	0
11.00	01100	CAFETERIA	0	0	41	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	99	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	522	16	0
15.00	01500	PHARMACY	0	0	0	31	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	17	0
17.00	01700	SOCIAL SERVICE	0	0	0	49	0
18.00	01850	PATIENT REGISTRATION	0	0	0	82	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	40,362	531	0
31.00	03100	INTENSIVE CARE UNIT	0	0	9,640	48	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	50,967	652	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	6,219	87	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	4,948	0	0
56.00	05600	RADIOISOTOPE	0	0	786	0	0
57.00	05700	CT SCAN	0	0	4,913	11	0
58.00	05800	MRI	0	0	3,521	10	0
60.00	06000	LABORATORY	107	678	0	96	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	44	0
66.00	06600	PHYSICAL THERAPY	0	0	9,879	38	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03140	CARDIOLOGY	0	0	0	0	0
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	0	0	40	0
76.97	07697	CARDIAC REHABILITATION	0	0	461	14	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	360	164	0
88.01	08801	RURAL HEALTH CLINIC II	0	0	102	1	0
90.00	09000	CLINIC	0	0	436	63	0
90.01	04950	SLEEP LAB	0	0	0	32	0
90.02	09001	GENERAL SURGERY CL	0	0	260	0	0
90.03	09002	PM PAIN CLINIC	0	0	0	48	0
91.00	09100	EMERGENCY	0	0	37,926	287	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	122	800	171,343	2,526	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0
194.00	07956	WALNUT & HENRY CLINICS	584	1,472	4,341	1	0
194.01	07951	HOSPITAL LEASED SPACE	0	0	0	0	0
194.03	07953	MOB LEASED SPACE	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1337

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

Worksheet B-1

Date/Time Prepared:
9/26/2019 5:14 pm

Cost Center Description			WALNUT CLINIC PLANT OP (WALNUT CLINIC SQ FT)	HENRY CLINIC PLANT OP (HENRY CLINIC SQ FT)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	PERRY PLAZA HSKPING (PERRY PLAZA SQ FT)	
			7.03	7.04	8.00	9.00	9.01	
194.05	07955	PERRY PLAZA LEASED	0	0	0	0	31,406	194.05
194.06	07954	PM PROMPT CARE	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	13,143	30,828	175,979	783,215	33,334	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.616147	13.568662	1.001679	309.938662	1.061390	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	998	2,727	26,533	39,893	941	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.413598	1.200264	0.151027	15.786704	0.029962	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: 14-1337

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

Worksheet B-1

Date/Time Prepared:
9/26/2019 5:14 pm

Cost Center Description		PROMPT CARE HSKPING (PROMPT CARE SQ FT)	WALNUT CLINIC HSKPING (WALNUT CLINIC SQ FT)	HENRY CLINIC HSKPING (HENRY CLINIC SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S SERV ED)	
		9.02	9.03	9.04	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	PERRY PLAZA B&F					1.01
1.02	00102	PROMPT CARE					1.02
1.03	00103	WALNUT CLINIC					1.03
1.04	00104	HENRY CLINIC					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	BUSINESS OFFICE					5.01
5.02	00591	A&G HOSPITAL-ONLY					5.02
5.03	00592	A&G SHARED					5.03
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	PERRY PLAZA PLANT OP					7.01
7.02	00702	PROMPT CARE PLANT OP					7.02
7.03	00703	WALNUT CLINIC PLANT OP					7.03
7.04	00704	HENRY CLINIC PLANT OP					7.04
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	PERRY PLAZA HSKPING					9.01
9.02	00902	PROMPT CARE HSKPING	1,741				9.02
9.03	00903	WALNUT CLINIC HSKPING	0	691			9.03
9.04	00904	HENRY CLINIC HSKPING	0	0	2,150		9.04
10.00	01000	DIETARY	0	0	0	34,798	10.00
11.00	01100	CAFETERIA	0	0	0	23,719	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	30	773 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	175 14.00
15.00	01500	PHARMACY	0	0	0	0	312 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,197 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	23	494 17.00
18.00	01850	PATIENT REGISTRATION	0	0	0	212	648 18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	8,172	1,046 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	836	348 31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	596	2,249 50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	249	0	0	30	795 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	332 55.00
56.00	05600	RADIOISOTOPE	0	0	0	2	0 56.00
57.00	05700	CT SCAN	0	0	0	0	88 57.00
58.00	05800	MRI	0	0	0	0	125 58.00
60.00	06000	LABORATORY	115	107	678	56	1,088 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	374 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5	1,092 66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	105 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0 76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	0	0	117	0 76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	130 76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	258	3,250 88.00
88.01	08801	RURAL HEALTH CLINIC II	1,377	0	0	0	559 88.01
90.00	09000	CLINIC	0	0	0	3	723 90.00
90.01	04950	SLEEP LAB	0	0	0	24	6 90.01
90.02	09001	GENERAL SURGERY CL	0	0	0	0	477 90.02
90.03	09002	PM PAIN CLINIC	0	0	0	0	127 90.03
91.00	09100	EMERGENCY	0	0	0	712	719 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,741	107	678	34,795	17,232 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0 192.03
194.00	07956	WALNUT & HENRY CLINICS	0	584	1,472	3	694 194.00
194.01	07951	HOSPITAL LEASED SPACE	0	0	0	0	0 194.01
194.03	07953	MOB LEASED SPACE	0	0	0	0	0 194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1337

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

Worksheet B-1

Date/Time Prepared:
9/26/2019 5:14 pm

Cost Center Description			PROMPT CARE HSKPING (PROMPT CARE SQ FT)	WALNUT CLINIC HSKPING (WALNUT CLINIC SQ FT)	HENRY CLINIC HSKPING (HENRY CLINIC SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S SERV ED)	
			9.02	9.03	9.04	10.00	11.00	
194.05	07955	PERRY PLAZA LEASED	0	0	0	0	0	194.05
194.06	07954	PM PROMPT CARE	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,107	3,929	6,781	1,197,285	879,854	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.230902	5.685962	3.153953	34.406719	49.082562	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	256	211	574	90,132	82,696	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.147042	0.305355	0.266977	2.590149	4.613188	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: 14-1337

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

Worksheet B-1

Date/Time Prepared:
9/26/2019 5:14 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (PATIENT DA YS)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	PERRY PLAZA B&F					1.01
1.02	00102	PROMPT CARE					1.02
1.03	00103	WALNUT CLINIC					1.03
1.04	00104	HENRY CLINIC					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	BUSINESS OFFICE					5.01
5.02	00591	A&G HOSPITAL-ONLY					5.02
5.03	00592	A&G SHARED					5.03
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	PERRY PLAZA PLANT OP					7.01
7.02	00702	PROMPT CARE PLANT OP					7.02
7.03	00703	WALNUT CLINIC PLANT OP					7.03
7.04	00704	HENRY CLINIC PLANT OP					7.04
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	PERRY PLAZA HSKPING					9.01
9.02	00902	PROMPT CARE HSKPING					9.02
9.03	00903	WALNUT CLINIC HSKPING					9.03
9.04	00904	HENRY CLINIC HSKPING					9.04
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION	16,659				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	432	1,632,450			14.00
15.00	01500	PHARMACY	0	5,236	1,350,342		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	40	0	93,833,665	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	PATIENT REGISTRATION	0	9,448	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,025	66,827	45	3,257,856	30.00
31.00	03100	INTENSIVE CARE UNIT	1,602	11,590	0	714,382	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,763	219,446	42	20,007,978	50.00
53.00	05300	ANESTHESIOLOGY	0	30,939	0	549,737	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,497	17	4,274,392	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,921	185	2,668,229	55.00
56.00	05600	RADIOISOTOPE	0	1,319	83,490	853,975	56.00
57.00	05700	CT SCAN	0	23,119	664	10,612,289	57.00
58.00	05800	MRI	0	5,841	20	2,959,799	58.00
60.00	06000	LABORATORY	0	79,821	0	14,196,127	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	297,750	63.00
65.00	06500	RESPIRATORY THERAPY	0	8,650	2,025	1,498,072	65.00
66.00	06600	PHYSICAL THERAPY	0	8,580	105	3,703,555	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,335	28	1,074,761	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	3	4,800	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	987,584	0	2,679,903	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,198,781	4,978,306	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	35	0	545,956	76.01
76.97	07697	CARDIAC REHABILITATION	0	9,523	0	416,825	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	14,668	30,209	3,939,656	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	13,376	4,136	1,030,747	88.01
90.00	09000	CLINIC	0	10,027	18,717	670,279	90.00
90.01	04950	SLEEP LAB	0	4,850	0	614,490	90.01
90.02	09001	GENERAL SURGERY CL	0	18,470	213	275,208	90.02
90.03	09002	PM PAIN CLINIC	0	0	0	180,730	90.03
91.00	09100	EMERGENCY	3,837	93,490	157	11,715,971	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,659	1,627,632	1,338,837	93,721,773	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	192.03
194.00	07956	WALNUT & HENRY CLINICS	0	4,818	11,505	111,892	194.00
194.01	07951	HOSPITAL LEASED SPACE	0	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1337

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

Worksheet B-1

Date/Time Prepared:
9/26/2019 5:14 pm

Cost Center Description			NURSING ADMINISTRATIO N (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (PATIENT DA YS)	
			13.00	14.00	15.00	16.00	17.00	
194.03	07953	MOB LEASED SPACE	0	0	0	0	0	194.03
194.05	07955	PERRY PLAZA LEASED	0	0	0	0	0	194.05
194.06	07954	PM PROMPT CARE	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,631,340	248,384	938,206	1,055,838	652,542	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	97.925446	0.152154	0.694791	0.011252	234.474308	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	68,511	27,253	46,051	70,748	35,059	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.112552	0.016695	0.034103	0.000754	12.597557	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: 14-1337

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

Worksheet B-1

Date/Time Prepared:
9/26/2019 5:14 pm

Cost Center Description			OTHER GENERAL SERVICE		
			PATIENT REGISTRATION (GROSS REVE NUE)		
			18.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	PERRY PLAZA B&F			1.01
1.02	00102	PROMPT CARE			1.02
1.03	00103	WALNUT CLINIC			1.03
1.04	00104	HENRY CLINIC			1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00590	BUSINESS OFFICE			5.01
5.02	00591	A&G HOSPITAL-ONLY			5.02
5.03	00592	A&G SHARED			5.03
7.00	00700	OPERATION OF PLANT			7.00
7.01	00701	PERRY PLAZA PLANT OP			7.01
7.02	00702	PROMPT CARE PLANT OP			7.02
7.03	00703	WALNUT CLINIC PLANT OP			7.03
7.04	00704	HENRY CLINIC PLANT OP			7.04
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	PERRY PLAZA HSKPING			9.01
9.02	00902	PROMPT CARE HSKPING			9.02
9.03	00903	WALNUT CLINIC HSKPING			9.03
9.04	00904	HENRY CLINIC HSKPING			9.04
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
18.00	01850	PATIENT REGISTRATION	87,625,153		18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	3,257,856		30.00
31.00	03100	INTENSIVE CARE UNIT	714,382		31.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	20,007,978		50.00
53.00	05300	ANESTHESIOLOGY	549,737		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,274,392		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,668,229		55.00
56.00	05600	RADIOISOTOPE	853,975		56.00
57.00	05700	CT SCAN	10,612,289		57.00
58.00	05800	MRI	2,959,799		58.00
60.00	06000	LABORATORY	14,196,127		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	297,750		63.00
65.00	06500	RESPIRATORY THERAPY	1,498,072		65.00
66.00	06600	PHYSICAL THERAPY	3,703,555		66.00
69.00	06900	ELECTROCARDIOLOGY	1,074,761		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,800		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,679,903		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,978,306		73.00
76.00	03140	CARDIOLOGY	0		76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	545,956		76.01
76.97	07697	CARDIAC REHABILITATION	416,825		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0		88.01
90.00	09000	CLINIC	0		90.00
90.01	04950	SLEEP LAB	614,490		90.01
90.02	09001	GENERAL SURGERY CL	0		90.02
90.03	09002	PM PAIN CLINIC	0		90.03
91.00	09100	EMERGENCY	11,715,971		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	87,625,153		118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		192.00
192.03	19203	OUTSIDE CONTRACT LAUNDRY	0		192.03
194.00	07956	WALNUT & HENRY CLINICS	0		194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1337

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

Worksheet B-1

Date/Time Prepared:
9/26/2019 5:14 pm

Cost Center Description		OTHER GENERAL SERVICE		
		PATIENT REGISTRATION (GROSS REVE NUE)		
		18.00		
194.01	07951	HOSPITAL LEASED SPACE	0	194.01
194.03	07953	MOB LEASED SPACE	0	194.03
194.05	07955	PERRY PLAZA LEASED	0	194.05
194.06	07954	PM PROMPT CARE	0	194.06
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	658,488	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.007515	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	29,661	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000338	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet C
Part I
Date/Time Prepared:
9/26/2019 5:14 pm

			Title XVIII	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs	
					Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,967,247		3,967,247	0
31.00	03100	INTENSIVE CARE UNIT	1,349,638		1,349,638	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,466,447		6,466,447	0
53.00	05300	ANESTHESIOLOGY	112,620		112,620	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,972,207		1,972,207	0
55.00	05500	RADIOLOGY-THERAPEUTIC	651,943		651,943	0
56.00	05600	RADIOISOTOPE	399,845		399,845	0
57.00	05700	CT SCAN	655,409		655,409	0
58.00	05800	MRI	424,667		424,667	0
60.00	06000	LABORATORY	3,025,407		3,025,407	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	170,168		170,168	0
65.00	06500	RESPIRATORY THERAPY	843,339	0	843,339	0
66.00	06600	PHYSICAL THERAPY	1,520,261	0	1,520,261	0
69.00	06900	ELECTROCARDIOLOGY	122,367		122,367	0
70.00	07000	ELECTROENCEPHALOGRAPHY	9,124		9,124	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,395,212		1,395,212	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,381,560		2,381,560	0
76.00	03140	CARDIOLOGY	0		0	0
76.01	03950	SENIOR BEHAVIORAL WELLNESS	554,047		554,047	0
76.97	07697	CARDIAC REHABILITATION	203,773		203,773	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	4,854,071		4,854,071	0
88.01	08801	RURAL HEALTH CLINIC II	969,524		969,524	0
90.00	09000	CLINIC	875,193		875,193	0
90.01	04950	SLEEP LAB	166,253		166,253	0
90.02	09001	GENERAL SURGERY CL	304,553		304,553	0
90.03	09002	PM PAIN CLINIC	145,832		145,832	0
91.00	09100	EMERGENCY	3,842,042		3,842,042	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	737,825		737,825	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
200.00		Subtotal (see instructions)	38,120,574	0	38,120,574	0
201.00		Less Observation Beds	737,825		737,825	0
202.00		Total (see instructions)	37,382,749	0	37,382,749	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet C
Part I
Date/Time Prepared:
9/26/2019 5:14 pm

			Title XVIII			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,257,856		3,257,856			30.00	
31.00	03100	INTENSIVE CARE UNIT	714,382		714,382			31.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,920,669	16,087,309	20,007,978	0.323193	0.000000	50.00	
53.00	05300	ANESTHESIOLOGY	238,172	311,565	549,737	0.204862	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	269,647	4,004,745	4,274,392	0.461401	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	181,570	2,486,659	2,668,229	0.244335	0.000000	55.00	
56.00	05600	RADIOISOTOPE	18,134	835,841	853,975	0.468216	0.000000	56.00	
57.00	05700	CT SCAN	594,806	10,017,483	10,612,289	0.061759	0.000000	57.00	
58.00	05800	MRI	89,376	2,870,423	2,959,799	0.143478	0.000000	58.00	
60.00	06000	LABORATORY	1,234,234	12,961,893	14,196,127	0.213115	0.000000	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	98,604	199,146	297,750	0.571513	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	979,484	518,588	1,498,072	0.562950	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	573,181	3,130,374	3,703,555	0.410487	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	66,053	1,008,708	1,074,761	0.113855	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,860	2,940	4,800	1.900833	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,183,988	1,495,915	2,679,903	0.520620	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	1,095,296	3,883,010	4,978,306	0.478388	0.000000	73.00	
76.00	03140	CARDIOLOGY	0	0	0	0.000000	0.000000	76.00	
76.01	03950	SENIOR BEHAVIORAL WELLNESS	754	545,202	545,956	1.014820	0.000000	76.01	
76.97	07697	CARDIAC REHABILITATION	0	416,825	416,825	0.488869	0.000000	76.97	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	64,513	3,875,143	3,939,656			88.00	
88.01	08801	RURAL HEALTH CLINIC II	5,259	1,025,488	1,030,747			88.01	
90.00	09000	CLINIC	73,226	597,053	670,279	1.305714	0.000000	90.00	
90.01	04950	SLEEP LAB	0	614,490	614,490	0.270554	0.000000	90.01	
90.02	09001	GENERAL SURGERY CL	68,946	206,262	275,208	1.106628	0.000000	90.02	
90.03	09002	PM PAIN CLINIC	0	180,730	180,730	0.806905	0.000000	90.03	
91.00	09100	EMERGENCY	585,433	11,130,538	11,715,971	0.327932	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,000	682,713	683,713	1.079144	0.000000	92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	15,316,443	79,089,043	94,405,486			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	15,316,443	79,089,043	94,405,486			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet C
Part I
Date/Time Prepared:
9/26/2019 5:14 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03140	CARDIOLOGY	0.000000		76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
88.01	08801	RURAL HEALTH CLINIC II			88.01
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	SLEEP LAB	0.000000		90.01
90.02	09001	GENERAL SURGERY CL	0.000000		90.02
90.03	09002	PM PAIN CLINIC	0.000000		90.03
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet C
Part I
Date/Time Prepared:
9/26/2019 5:14 pm

			Title XIX		Hospital		Cost		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
					Total Costs	RCE Disallowance			
			1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,967,247		3,967,247	0	3,967,247	30.00	
31.00	03100	INTENSIVE CARE UNIT	1,349,638		1,349,638	0	1,349,638	31.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,466,447		6,466,447	0	6,466,447	50.00	
53.00	05300	ANESTHESIOLOGY	112,620		112,620	0	112,620	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,972,207		1,972,207	0	1,972,207	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	651,943		651,943	0	651,943	55.00	
56.00	05600	RADIOISOTOPE	399,845		399,845	0	399,845	56.00	
57.00	05700	CT SCAN	655,409		655,409	0	655,409	57.00	
58.00	05800	MRI	424,667		424,667	0	424,667	58.00	
60.00	06000	LABORATORY	3,025,407		3,025,407	0	3,025,407	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	170,168		170,168	0	170,168	63.00	
65.00	06500	RESPIRATORY THERAPY	843,339	0	843,339	0	843,339	65.00	
66.00	06600	PHYSICAL THERAPY	1,520,261	0	1,520,261	0	1,520,261	66.00	
69.00	06900	ELECTROCARDIOLOGY	122,367		122,367	0	122,367	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	9,124		9,124	0	9,124	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,395,212		1,395,212	0	1,395,212	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	2,381,560		2,381,560	0	2,381,560	73.00	
76.00	03140	CARDIOLOGY	0		0	0	0	76.00	
76.01	03950	SENIOR BEHAVIORAL WELLNESS	554,047		554,047	0	554,047	76.01	
76.97	07697	CARDIAC REHABILITATION	203,773		203,773	0	203,773	76.97	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	4,854,071		4,854,071	0	4,854,071	88.00	
88.01	08801	RURAL HEALTH CLINIC II	969,524		969,524	0	969,524	88.01	
90.00	09000	CLINIC	875,193		875,193	0	875,193	90.00	
90.01	04950	SLEEP LAB	166,253		166,253	0	166,253	90.01	
90.02	09001	GENERAL SURGERY CL	304,553		304,553	0	304,553	90.02	
90.03	09002	PM PAIN CLINIC	145,832		145,832	0	145,832	90.03	
91.00	09100	EMERGENCY	3,842,042		3,842,042	0	3,842,042	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	737,825		737,825	0	737,825	92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	38,120,574	0	38,120,574	0	38,120,574	200.00	
201.00		Less Observation Beds	737,825		737,825		737,825	201.00	
202.00		Total (see instructions)	37,382,749	0	37,382,749	0	37,382,749	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet C
Part I
Date/Time Prepared:
9/26/2019 5:14 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,257,856		3,257,856		30.00
31.00	03100	INTENSIVE CARE UNIT	714,382		714,382		31.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,920,669	16,087,309	20,007,978	0.323193	50.00
53.00	05300	ANESTHESIOLOGY	238,172	311,565	549,737	0.204862	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	269,647	4,004,745	4,274,392	0.461401	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	181,570	2,486,659	2,668,229	0.244335	55.00
56.00	05600	RADIOISOTOPE	18,134	835,841	853,975	0.468216	56.00
57.00	05700	CT SCAN	594,806	10,017,483	10,612,289	0.061759	57.00
58.00	05800	MRI	89,376	2,870,423	2,959,799	0.143478	58.00
60.00	06000	LABORATORY	1,234,234	12,961,893	14,196,127	0.213115	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	98,604	199,146	297,750	0.571513	63.00
65.00	06500	RESPIRATORY THERAPY	979,484	518,588	1,498,072	0.562950	65.00
66.00	06600	PHYSICAL THERAPY	573,181	3,130,374	3,703,555	0.410487	66.00
69.00	06900	ELECTROCARDIOLOGY	66,053	1,008,708	1,074,761	0.113855	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,860	2,940	4,800	1.900833	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,183,988	1,495,915	2,679,903	0.520620	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,095,296	3,883,010	4,978,306	0.478388	73.00
76.00	03140	CARDIOLOGY	0	0	0	0.000000	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	754	545,202	545,956	1.014820	76.01
76.97	07697	CARDIAC REHABILITATION	0	416,825	416,825	0.488869	76.97
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	64,513	3,875,143	3,939,656	1.232105	88.00
88.01	08801	RURAL HEALTH CLINIC II	5,259	1,025,488	1,030,747	0.940603	88.01
90.00	09000	CLINIC	73,226	597,053	670,279	1.305714	90.00
90.01	04950	SLEEP LAB	0	614,490	614,490	0.270554	90.01
90.02	09001	GENERAL SURGERY CL	68,946	206,262	275,208	1.106628	90.02
90.03	09002	PM PAIN CLINIC	0	180,730	180,730	0.806905	90.03
91.00	09100	EMERGENCY	585,433	11,130,538	11,715,971	0.327932	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,000	682,713	683,713	1.079144	92.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	15,316,443	79,089,043	94,405,486		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	15,316,443	79,089,043	94,405,486		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet C
Part I
Date/Time Prepared:
9/26/2019 5:14 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
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03140	CARDIOLOGY	0.000000		76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000		88.01
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	SLEEP LAB	0.000000		90.01
90.02	09001	GENERAL SURGERY CL	0.000000		90.02
90.03	09002	PM PAIN CLINIC	0.000000		90.03
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet D
Part II
Date/Time Prepared:
9/26/2019 5:14 pm

Cost Center Description			Title XVIII		Hospital		Cost	
			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	666,340	20,007,978	0.033304	1,899,048	63,246	50.00
53.00	05300	ANESTHESIOLOGY	41,666	549,737	0.075793	110,378	8,366	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	368,463	4,274,392	0.086202	116,063	10,005	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	73,931	2,668,229	0.027708	104,006	2,882	55.00
56.00	05600	RADIOISOTOPE	17,642	853,975	0.020659	9,674	200	56.00
57.00	05700	CT SCAN	29,511	10,612,289	0.002781	137,448	382	57.00
58.00	05800	MRI	28,806	2,959,799	0.009732	54,729	533	58.00
60.00	06000	LABORATORY	183,953	14,196,127	0.012958	532,606	6,902	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,020	297,750	0.016860	53,982	910	63.00
65.00	06500	RESPIRATORY THERAPY	51,115	1,498,072	0.034121	627,041	21,395	65.00
66.00	06600	PHYSICAL THERAPY	93,641	3,703,555	0.025284	219,301	5,545	66.00
69.00	06900	ELECTROCARDIOLOGY	12,095	1,074,761	0.011254	12,675	143	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,257	4,800	0.678542	808	548	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	53,631	2,679,903	0.020012	635,960	12,727	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	88,461	4,978,306	0.017769	538,576	9,570	73.00
76.00	03140	CARDIOLOGY	0	0	0.000000	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	26,088	545,956	0.047784	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	28,440	416,825	0.068230	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	240,565	3,939,656	0.061062	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	56,210	1,030,747	0.054533	0	0	88.01
90.00	09000	CLINIC	63,249	670,279	0.094362	18,360	1,732	90.00
90.01	04950	SLEEP LAB	18,844	614,490	0.030666	0	0	90.01
90.02	09001	GENERAL SURGERY CL	20,098	275,208	0.073028	391	29	90.02
90.03	09002	PM PAIN CLINIC	12,670	180,730	0.070105	0	0	90.03
91.00	09100	EMERGENCY	241,640	11,715,971	0.020625	4,287	88	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	62,227	683,713	0.091013	719	65	92.00
200.00		Total (lines 50 through 199)	2,487,563	90,433,248		5,076,052	145,268	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet D
Part IV
Date/Time Prepared:
9/26/2019 5:14 pm

Cost Center Description		Title XVIII			Hospital		Cost	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP LAB	0	0	0	0	0	90.01
90.02	09001	GENERAL SURGERY CL	0	0	0	0	0	90.02
90.03	09002	PM PAIN CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet D
Part IV
Date/Time Prepared:
9/26/2019 5:14 pm

				Title XVIII		Hospital	Cost	
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	20,007,978	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	549,737	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,274,392	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	2,668,229	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	853,975	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	10,612,289	0.000000	57.00
58.00	05800	MRI	0	0	0	2,959,799	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	14,196,127	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	297,750	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,498,072	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,703,555	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,074,761	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,800	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,679,903	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,978,306	0.000000	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0.000000	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	0	0	545,956	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	416,825	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	3,939,656	0.000000	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	1,030,747	0.000000	88.01
90.00	09000	CLINIC	0	0	0	670,279	0.000000	90.00
90.01	04950	SLEEP LAB	0	0	0	614,490	0.000000	90.01
90.02	09001	GENERAL SURGERY CL	0	0	0	275,208	0.000000	90.02
90.03	09002	PM PAIN CLINIC	0	0	0	180,730	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	11,715,971	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	683,713	0.000000	92.00
200.00	Total (lines 50 through 199)		0	0	0	90,433,248		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-1337

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

Worksheet D
Part IV
Date/Time Prepared:
9/26/2019 5:14 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	1,899,048	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.000000	110,378	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	116,063	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	104,006	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	9,674	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	137,448	0	0	0	57.00
58.00	05800	MRI	0.000000	54,729	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	532,606	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	53,982	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	627,041	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	219,301	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	12,675	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	808	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	635,960	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	538,576	0	0	0	73.00
76.00	03140	CARDIOLOGY	0.000000	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0.000000	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000	0	0	0	0	88.01
90.00	09000	CLINIC	0.000000	18,360	0	0	0	90.00
90.01	04950	SLEEP LAB	0.000000	0	0	0	0	90.01
90.02	09001	GENERAL SURGERY CL	0.000000	391	0	0	0	90.02
90.03	09002	PM PAIN CLINIC	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.000000	4,287	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	719	0	0	0	92.00
200.00		Total (lines 50 through 199)		5,076,052	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet D
Part V
Date/Time Prepared:
9/26/2019 5:14 pm

			Title XVIII		Hospital		Cost	
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Cost		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	0.323193	0	5,845,348	6	0	50.00
53.00	05300	ANESTHESIOLOGY	0.204862	0	303,081	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.461401	0	1,414,242	1	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.244335	0	1,230,441	0	0	55.00
56.00	05600	RADIOISOTOPE	0.468216	0	390,395	0	0	56.00
57.00	05700	CT SCAN	0.061759	0	4,208,958	111	0	57.00
58.00	05800	MRI	0.143478	0	1,064,618	0	0	58.00
60.00	06000	LABORATORY	0.213115	0	5,436,306	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.571513	0	121,685	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.562950	0	234,119	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.410487	0	1,090,882	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.113855	0	473,372	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1.900833	0	2,880	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.520620	0	397,041	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.478388	0	2,145,257	663	0	73.00
76.00	03140	CARDIOLOGY	0.000000	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	1.014820	0	502,830	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.488869	0	234,905	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000				0	88.01
90.00	09000	CLINIC	1.305714	0	36,898	0	0	90.00
90.01	04950	SLEEP LAB	0.270554	0	231,198	0	0	90.01
90.02	09001	GENERAL SURGERY CL	1.106628	0	27,600	0	0	90.02
90.03	09002	PM PAIN CLINIC	0.806905	0	28,881	0	0	90.03
91.00	09100	EMERGENCY	0.327932	0	3,616,115	66	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.079144	0	352,265	0	0	92.00
200.00		Subtotal (see instructions)		0	29,389,317	847	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	29,389,317	847	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet D
Part V
Date/Time Prepared:
9/26/2019 5:14 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	1,889,176	2	50.00
53.00	05300	ANESTHESIOLOGY	62,090	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	652,533	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	300,640	0	55.00
56.00	05600	RADIOISOTOPE	182,789	0	56.00
57.00	05700	CT SCAN	259,941	7	57.00
58.00	05800	MRI	152,749	0	58.00
60.00	06000	LABORATORY	1,158,558	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	69,545	0	63.00
65.00	06500	RESPIRATORY THERAPY	131,797	0	65.00
66.00	06600	PHYSICAL THERAPY	447,793	0	66.00
69.00	06900	ELECTROCARDIOLOGY	53,896	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,474	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	206,707	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,026,265	317	73.00
76.00	03140	CARDIOLOGY	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	510,282	0	76.01
76.97	07697	CARDIAC REHABILITATION	114,838	0	76.97
	OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	88.01
90.00	09000	CLINIC	48,178	0	90.00
90.01	04950	SLEEP LAB	62,552	0	90.01
90.02	09001	GENERAL SURGERY CL	30,543	0	90.02
90.03	09002	PM PAIN CLINIC	23,304	0	90.03
91.00	09100	EMERGENCY	1,185,840	22	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	380,145	0	92.00
200.00		Subtotal (see instructions)	8,955,635	348	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	8,955,635	348	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-1337

Period:

Worksheet D

Component CCN:14-Z337

From 05/01/2018
To 04/30/2019Part V
Date/Time Prepared:
9/26/2019 5:14 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	0.323193	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.204862	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.461401	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.244335	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.468216	0	0	0	0	56.00
57.00	05700	CT SCAN	0.061759	0	0	0	0	57.00
58.00	05800	MRI	0.143478	0	0	0	0	58.00
60.00	06000	LABORATORY	0.213115	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.571513	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.562950	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.410487	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.113855	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1.900833	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.520620	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.478388	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	0.000000	0	0	0	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	1.014820	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.488869	0	0	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000				0	88.01
90.00	09000	CLINIC	1.305714	0	0	0	0	90.00
90.01	04950	SLEEP LAB	0.270554	0	0	0	0	90.01
90.02	09001	GENERAL SURGERY CL	1.106628	0	0	0	0	90.02
90.03	09002	PM PAIN CLINIC	0.806905	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.327932	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.079144	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-1337

Period:

Worksheet D

Component CCN:14-Z337

From 05/01/2018
To 04/30/2019Part V
Date/Time Prepared:
9/26/2019 5:14 pm

			Title XVIII		Swing Beds - SNF		Cost		
	Cost Center Description		Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0					50.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
60.00	06000	LABORATORY	0	0					60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
76.00	03140	CARDIOLOGY	0	0					76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	0	0					76.01
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0					88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0					88.01
90.00	09000	CLINIC	0	0					90.00
90.01	04950	SLEEP LAB	0	0					90.01
90.02	09001	GENERAL SURGERY CL	0	0					90.02
90.03	09002	PM PAIN CLINIC	0	0					90.03
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
200.00		Subtotal (see instructions)	0	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	0					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1337	Period: From 05/01/2018 To 04/30/2019	Worksheet D-1 Date/Time Prepared: 9/26/2019 5:14 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)	2,589	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,305	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)	1,824	4.00	
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	187	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)	94	6.00	
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	2	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)	1	8.00	
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,061	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)	133	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)	67	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	157.19	19.00	
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	157.19	20.00	
21.00	Total general inpatient routine service cost (see instructions)	3,967,247	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)	314	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)	157	25.00	
26.00	Total swing-bed cost (see instructions)	431,508	26.00	
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,535,739	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)	3,535,739	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)	1,533.94	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,627,510	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)	1,627,510	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-1337

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

Worksheet D-1

Date/Time Prepared:
9/26/2019 5:14 pm

Cost Center Description		Title XVIII		Hospital		Cost	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	1,349,638	194	6,956.90	102	709,604	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)					1,941,884	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,278,998	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)					204,014	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					102,774	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					306,788	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)					481	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,533.94	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					737,825	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-1337		Period: From 05/01/2018 To 04/30/2019		Worksheet D-1 Date/Time Prepared: 9/26/2019 5:14 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	334,592	3,967,247	0.084339	737,825	62,227	90.00		
91.00	Nursing School cost	0	3,967,247	0.000000	737,825	0	91.00		
92.00	Allied health cost	0	3,967,247	0.000000	737,825	0	92.00		
93.00	All other Medical Education	0	3,967,247	0.000000	737,825	0	93.00		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-1337	Period: From 05/01/2018 To 04/30/2019	Worksheet D-3 Date/Time Prepared: 9/26/2019 5:14 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		1,623,694	30.00
31.00	03100	INTENSIVE CARE UNIT		318,561	31.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.323193	1,899,048	50.00
53.00	05300	ANESTHESIOLOGY	0.204862	110,378	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.461401	116,063	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.244335	104,006	55.00
56.00	05600	RADIOISOTOPE	0.468216	9,674	56.00
57.00	05700	CT SCAN	0.061759	137,448	57.00
58.00	05800	MRI	0.143478	54,729	58.00
60.00	06000	LABORATORY	0.213115	532,606	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.571513	53,982	63.00
65.00	06500	RESPIRATORY THERAPY	0.562950	627,041	65.00
66.00	06600	PHYSICAL THERAPY	0.410487	219,301	66.00
69.00	06900	ELECTROCARDIOLOGY	0.113855	12,675	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1.900833	808	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.520620	635,960	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.478388	538,576	73.00
76.00	03140	CARDIOLOGY	0.000000	0	76.00
76.01	03950	SENIOR BEHAVIORAL WELLNESS	1.014820	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.488869	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000	0	88.01
90.00	09000	CLINIC	1.305714	18,360	90.00
90.01	04950	SLEEP LAB	0.270554	0	90.01
90.02	09001	GENERAL SURGERY CL	1.106628	391	90.02
90.03	09002	PM PAIN CLINIC	0.806905	0	90.03
91.00	09100	EMERGENCY	0.327932	4,287	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.079144	719	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		5,076,052	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)		5,076,052	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1337	Period: From 05/01/2018 To 04/30/2019	Worksheet D-3	
		Component CCN: 14-Z337		Date/Time Prepared: 9/26/2019 5:14 pm	
		Title XVIII	Swing Beds - SNF	Cost	
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
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.323193	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0.204862	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.461401	3,743	1,727	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.244335	703	172	55.00
56.00	05600 RADIOISOTOPE	0.468216	0	0	56.00
57.00	05700 CT SCAN	0.061759	0	0	57.00
58.00	05800 MRI	0.143478	0	0	58.00
60.00	06000 LABORATORY	0.213115	28,382	6,049	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.571513	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.562950	51,347	28,906	65.00
66.00	06600 PHYSICAL THERAPY	0.410487	175,069	71,864	66.00
69.00	06900 ELECTROCARDIOLOGY	0.113855	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1.900833	960	1,825	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.520620	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.478388	34,481	16,495	73.00
76.00	03140 CARDIOLOGY	0.000000	0	0	76.00
76.01	03950 SENIOR BEHAVIORAL WELLNESS	1.014820	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.488869	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
88.01	08801 RURAL HEALTH CLINIC II	0.000000		0	88.01
90.00	09000 CLINIC	1.305714	0	0	90.00
90.01	04950 SLEEP LAB	0.270554	0	0	90.01
90.02	09001 GENERAL SURGERY CL	1.106628	0	0	90.02
90.03	09002 PM PAIN CLINIC	0.806905	0	0	90.03
91.00	09100 EMERGENCY	0.327932	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.079144	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		294,685	127,038	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		294,685		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1337	Period: From 05/01/2018 To 04/30/2019	Worksheet E Part B Date/Time Prepared: 9/26/2019 5:14 pm
		Title XVIII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,955,983	1.00
2.00	Medical and other services reimbursed under OPPI (see instructions)		0	2.00
3.00	OPPI 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)		8,955,983	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		9,045,543	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)		75,474	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		4,745,871	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		4,224,198	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		4,224,198	30.00
31.00	Primary payer payments		446	31.00
32.00	Subtotal (line 30 minus line 31)		4,223,752	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)		139,297	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		90,543	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		139,297	36.00
37.00	Subtotal (see instructions)		4,314,295	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		4,314,295	40.00
40.01	Sequestration adjustment (see instructions)		86,286	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		4,644,370	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-416,361	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet E-1
Part I
Date/Time Prepared:
9/26/2019 5:14 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		3,604,051		4,637,735	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	11/01/2018	17,638	04/18/2019	143,505	3.01
3.02		04/18/2019	320,649		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	11/01/2018	136,870	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)		338,287		6,635	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)		3,942,338		4,644,370	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		47,448		416,361	6.02
7.00	Total Medicare program liability (see instructions)		3,894,890		4,228,009	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: 14-1337

Period:

Worksheet E-1

Component CCN: 14-Z337

From 05/01/2018
To 04/30/2019Part I
Date/Time Prepared:
9/26/2019 5:14 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		392,154		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	11/01/2018	3,529		0	3.01
3.02		04/18/2019	34,584		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)		38,113		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)		430,267		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		14,228		0	6.02
7.00	Total Medicare program liability (see instructions)		416,039		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet E-1
Part II
Date/Time Prepared:
9/26/2019 5:14 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:14-1337

Period:

Worksheet E-2

Component CCN:14-Z337

From 05/01/2018
To 04/30/2019Date/Time Prepared:
9/26/2019 5:14 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)		309,856	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)		128,308	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		200	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)		438,164	0	8.00
9.00	Primary payer payments (see instructions)		0	0	9.00
10.00	Subtotal (line 8 minus line 9)		438,164	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)		438,164	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		13,634	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)		424,530	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)		424,530	0	19.00
19.01	Sequestration adjustment (see instructions)		8,491	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)		0	0	19.02
20.00	Interim payments		430,267	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)		-14,228	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: 14-1337	Period: From 05/01/2018 To 04/30/2019	Worksheet E-3 Part V Date/Time Prepared: 9/26/2019 5:14 pm
		Title XVIII	Hospital	Cost
			1.00	
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT				
1.00	Inpatient services		4,278,998	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)		4,278,998	4.00
5.00	Primary payer payments		0	5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)		4,321,788	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)		4,321,788	19.00
20.00	Deductibles (exclude professional component)		361,112	20.00
21.00	Excess reasonable cost (from line 16)		0	21.00
22.00	Subtotal (line 19 minus line 20 and 21)		3,960,676	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (line 22 minus line 23)		3,960,676	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		21,080	25.00
26.00	Adjusted reimbursable bad debts (see instructions)		13,702	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		13,376	27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)		3,974,378	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)		3,974,378	30.00
30.01	Sequestration adjustment (see instructions)		79,488	30.01
30.02	Demonstration payment adjustment amount after sequestration		0	30.02
31.00	Interim payments		3,942,338	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)		-47,448	33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	34.00

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

Provider CCN: 14-1337

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

Worksheet G

Date/Time Prepared:
9/26/2019 5:14 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	2,076,937	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	7,515,796	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	363,561	0	0	0	7.00
8.00	Prepaid expenses	678,557	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	10,634,851	0	0	0	11.00
FIXED ASSETS						
12.00	Land	759,716	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	15,169,084	0	0	0	15.00
16.00	Accumulated depreciation	0	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	15,928,800	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	5,466,847	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	7,075,353	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	12,542,200	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	39,105,851	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,361,788	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,310,915	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	616,450	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	1,484,406	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	5,773,559	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	182,571	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	10,157,192	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	10,339,763	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	16,113,322	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	22,992,529				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)	22,992,529	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	39,105,851	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-1337

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

Worksheet G-1

Date/Time Prepared:
9/26/2019 5:14 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		26,385,928		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-3,185,201				2.00
3.00	Total (sum of line 1 and line 2)		23,200,727		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		23,200,727		0		11.00
12.00	PRIOR YEAR ADJ	208,198		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		208,198		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		22,992,529		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	PRIOR YEAR ADJ		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-1337

Period:
From 05/01/2018
To 04/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
9/26/2019 5:14 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	5,574,407		5,574,407	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	250,428		250,428	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	5,824,835		5,824,835	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	744,241		744,241	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)	744,241		744,241	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	6,569,076		6,569,076	17.00
18.00	Ancillary services	9,457,107	62,102,968	71,560,075	18.00
19.00	Outpatient services	1,455,663	18,153,015	19,608,678	19.00
20.00	RURAL HEALTH CLINIC	64,829	3,957,606	4,022,435	20.00
20.01	RURAL HEALTH CLINIC II	5,259	1,045,640	1,050,899	20.01
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER NRCC	232	-293,984	-293,752	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	17,552,166	84,965,245	102,517,411	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		45,437,533		29.00
30.00	COLLECTION FEES	4,589			30.00
31.00	OTHER NON OPERATING - MISC	1			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)		4,590		36.00
37.00	MEDICAL SUPPLIES	7			37.00
38.00	EMP HEALTH SERVICES	21,532			38.00
39.00	MEDICAL SUPPLIES	55			39.00
40.00	MEDICAL SUPPLIES PAT CHGS	22			40.00
41.00	ADVERTISING - SOCIAL MEDIA	1			41.00
42.00	Total deductions (sum of lines 37-41)		21,617		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		45,420,506		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-1337

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

Worksheet G-3

Date/Time Prepared:
9/26/2019 5:14 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	102,517,411	1.00
2.00	Less contractual allowances and discounts on patients' accounts	60,555,121	2.00
3.00	Net patient revenues (line 1 minus line 2)	41,962,290	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	45,420,506	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-3,458,216	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	154,669	6.00
7.00	Income from investments	107,185	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 OP	383,000	24.00
24.01	OTHER (SPECIFY)	0	24.01
25.00	Total other income (sum of lines 6-24)	644,854	25.00
26.00	Total (line 5 plus line 25)	-2,813,362	26.00
27.00	OTHER NON-OP	371,839	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	371,839	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-3,185,201	29.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-1337

Period:

Worksheet M-1

Component CCN: 14-8549

From 05/01/2018
To 04/30/2019Date/Time Prepared:
9/26/2019 5:14 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	0	0	0	116,082	116,082
2.00	Physician Assistant	0	0	0	0	0
3.00	Nurse Practitioner	0	0	0	0	0
4.00	Visiting Nurse	0	0	0	0	0
5.00	Other Nurse	0	0	0	0	0
6.00	Clinical Psychologist	0	0	0	0	0
7.00	Clinical Social Worker	0	0	0	0	0
8.00	Laboratory Technician	0	0	0	0	0
9.00	Other Facility Health Care Staff Costs	2,569,252	92,157	2,661,409	0	2,661,409
10.00	Subtotal (sum of lines 1 through 9)	2,569,252	92,157	2,661,409	116,082	2,777,491
11.00	Physician Services Under Agreement	0	0	0	0	0
12.00	Physician Supervision Under Agreement	0	0	0	0	0
13.00	Other Costs Under Agreement	0	0	0	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0
15.00	Medical Supplies	0	129,019	129,019	0	129,019
16.00	Transportation (Health Care Staff)	0	0	0	0	0
17.00	Depreciation-Medical Equipment	0	0	0	0	0
18.00	Professional Liability Insurance	0	0	0	0	0
19.00	Other Health Care Costs	0	0	0	0	0
20.00	Allowable GME Costs	0	0	0	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	129,019	129,019	0	129,019
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	2,569,252	221,176	2,790,428	116,082	2,906,510
COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	30,209	30,209	0	30,209
24.00	Dental	0	0	0	0	0
25.00	Optometry	0	0	0	0	0
25.01	Telehealth	0	0	0	0	0
25.02	Chronic Care Management	0	0	0	0	0
26.00	All other nonreimbursable costs	0	0	0	0	0
27.00	Nonallowable GME costs	0	0	0	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	30,209	30,209	0	30,209
FACILITY OVERHEAD						
29.00	Facility Costs	0	1,128	1,128	0	1,128
30.00	Administrative Costs	0	164,330	164,330	0	164,330
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	165,458	165,458	0	165,458
32.00	Total facility costs (sum of lines 22, 28 and 31)	2,569,252	416,843	2,986,095	116,082	3,102,177

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-1337

Period:

Worksheet M-1

Component CCN: 14-8549

From 05/01/2018
To 04/30/2019Date/Time Prepared:
9/26/2019 5:14 pm

		RHC I		Cost
		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	116,082	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	0	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	0	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	-34,600	2,626,809	9.00
10.00	Subtotal (sum of lines 1 through 9)	-34,600	2,742,891	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00	Medical Supplies	0	129,019	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	129,019	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-34,600	2,871,910	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	30,209	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	30,209	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	0	1,128	29.00
30.00	Administrative Costs	0	164,330	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	165,458	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-34,600	3,067,577	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-1337

Period:

Worksheet M-1

Component CCN: 14-8583

From 05/01/2018
To 04/30/2019Date/Time Prepared:
9/26/2019 5:14 pm

		RHC II		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	487,744	0	487,744	5,671	493,415
2.00	Physician Assistant	0	0	0	0	0
3.00	Nurse Practitioner	0	0	0	0	0
4.00	Visiting Nurse	0	0	0	0	0
5.00	Other Nurse	0	0	0	0	0
6.00	Clinical Psychologist	0	0	0	0	0
7.00	Clinical Social Worker	0	0	0	0	0
8.00	Laboratory Technician	0	0	0	0	0
9.00	Other Facility Health Care Staff Costs	0	465	465	0	465
10.00	Subtotal (sum of lines 1 through 9)	487,744	465	488,209	5,671	493,880
11.00	Physician Services Under Agreement	0	0	0	0	0
12.00	Physician Supervision Under Agreement	0	0	0	0	0
13.00	Other Costs Under Agreement	0	0	0	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0
15.00	Medical Supplies	0	20,206	20,206	0	20,206
16.00	Transportation (Health Care Staff)	0	0	0	0	0
17.00	Depreciation-Medical Equipment	0	0	0	0	0
18.00	Professional Liability Insurance	0	0	0	0	0
19.00	Other Health Care Costs	0	0	0	0	0
20.00	Allowable GME Costs	0	0	0	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	20,206	20,206	0	20,206
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	487,744	20,671	508,415	5,671	514,086
COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	4,136	4,136	0	4,136
24.00	Dental	0	0	0	0	0
25.00	Optometry	0	0	0	0	0
25.01	Telehealth	0	0	0	0	0
25.02	Chronic Care Management	0	0	0	0	0
26.00	All other nonreimbursable costs	0	0	0	0	0
27.00	Nonallowable GME costs	0	0	0	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	4,136	4,136	0	4,136
FACILITY OVERHEAD						
29.00	Facility Costs	0	33,654	33,654	0	33,654
30.00	Administrative Costs	0	2,222	2,222	0	2,222
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	35,876	35,876	0	35,876
32.00	Total facility costs (sum of lines 22, 28 and 31)	487,744	60,683	548,427	5,671	554,098

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-1337

Period:

Worksheet M-1

Component CCN: 14-8583

From 05/01/2018
To 04/30/2019Date/Time Prepared:
9/26/2019 5:14 pm

		RHC II		Cost
		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	493,415	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	0	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	0	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	465	9.00
10.00	Subtotal (sum of lines 1 through 9)	0	493,880	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00	Medical Supplies	0	20,206	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	20,206	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	514,086	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	4,136	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	4,136	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	0	33,654	29.00
30.00	Administrative Costs	0	2,222	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	35,876	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	554,098	32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 14-1337

Period:

Worksheet M-2

Component CCN: 14-8549

From 05/01/2018
To 04/30/2019Date/Time Prepared:
9/26/2019 5:14 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	2.40	10,449	4,200	10,080	1.00
2.00	Physician Assistant	0.00	0	0	0	2.00
3.00	Nurse Practitioner	3.44	7,840	2,100	7,224	3.00
4.00	Subtotal (sum of lines 1 through 3)	5.84	18,289		17,304	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.09	190		190	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)	5.93	18,479		18,479	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)				2,871,910	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				30,209	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				2,902,119	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				0.989591	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)				165,458	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				1,786,494	15.00
16.00	Total overhead (sum of lines 14 and 15)				1,951,952	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Enter the amount from line 16				1,951,952	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				1,931,634	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				4,803,544	20.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 14-1337

Period:

Worksheet M-2

Component CCN: 14-8583

From 05/01/2018
To 04/30/2019Date/Time Prepared:
9/26/2019 5:14 pm

				RHC II		Cost	
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY							
Positions							
1.00	Physician	0.50	1,290	4,200	2,100		1.00
2.00	Physician Assistant	0.05	202	2,100	105		2.00
3.00	Nurse Practitioner	1.15	3,804	2,100	2,415		3.00
4.00	Subtotal (sum of lines 1 through 3)	1.70	5,296		4,620	5,296	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.24	504			504	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	1.94	5,800			5,800	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)					514,086	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					4,136	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					518,222	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					0.992019	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					35,876	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					415,426	15.00
16.00	Total overhead (sum of lines 14 and 15)					451,302	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					451,302	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					447,700	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					961,786	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-1337 Component CCN: 14-8549	Period: From 05/01/2018 To 04/30/2019	Worksheet M-3 Date/Time Prepared: 9/26/2019 5:14 pm	
		Title XVIII	RHC I	Cost	
				1.00	
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES					
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			4,803,544	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			95,081	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			4,708,463	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			18,479	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)			18,479	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			254.80	7.00
		Calculation of Limit (1)			
		Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)		
		1.00	2.00		
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	0.00	0.00		8.00
9.00	Rate for Program covered visits (see instructions)	254.80	254.80		9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)	0	6,899		10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	1,757,865		11.00
12.00	Program covered visits for mental health services (from contractor records)	0	25		12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	6,370		13.00
14.00	Limit adjustment for mental health services (see instructions)	0	6,370		14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)				15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	1,764,235		16.00
16.01	Total program charges (see instructions)(from contractor's records)		1,166,300		16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		75,886		16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		114,792		16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		1,221,185		16.04
16.05	Total program cost (see instructions)	0	1,335,977		16.05
17.00	Primary payer amounts		0		17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		122,962		18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		193,491		19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		1,335,977		20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		46,966		21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		1,382,943		22.00
23.00	Allowable bad debts (see instructions)		0		23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0		23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0		24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0		25.50
25.99	Demonstration payment adjustment amount before sequestration		0		25.99
26.00	Net reimbursable amount (see instructions)		1,382,943		26.00
26.01	Sequestration adjustment (see instructions)		27,659		26.01
26.02	Demonstration payment adjustment amount after sequestration		0		26.02
27.00	Interim payments		1,402,978		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)		-47,694		29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0		30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-1337 Component CCN: 14-8583	Period: From 05/01/2018 To 04/30/2019	Worksheet M-3 Date/Time Prepared: 9/26/2019 5:14 pm	
		Title XVIII	RHC II	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)			961,786	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			2,507	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			959,279	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			5,800	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0	5.00
6.00	Total adjusted visits (line 4 plus line 5)			5,800	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			165.39	7.00
			Calculation of Limit (1)		
			Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)	
			1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)		0.00	0.00	8.00
9.00	Rate for Program covered visits (see instructions)		165.39	165.39	9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)		0	654	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		0	108,165	11.00
12.00	Program covered visits for mental health services (from contractor records)		0	47	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)		0	7,773	13.00
14.00	Limit adjustment for mental health services (see instructions)		0	7,773	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	115,938	16.00
16.01	Total program charges (see instructions)(from contractor's records)			140,696	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)			0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			0	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.)			85,429	16.04
16.05	Total program cost (see instructions)		0	85,429	16.05
17.00	Primary payer amounts			0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			9,152	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			26,309	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)			85,429	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			594	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)			86,023	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)			86,023	26.00
26.01	Sequestration adjustment (see instructions)			1,720	26.01
26.02	Demonstration payment adjustment amount after sequestration			0	26.02
27.00	Interim payments			83,168	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)			1,135	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: 14-1337 Component CCN: 14-8549	Period: From 05/01/2018 To 04/30/2019	Worksheet M-4 Date/Time Prepared: 9/26/2019 5:14 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)		2,742,891	2,742,891	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.001928	0.004950	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		5,288	13,577	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		31,015	6,966	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		36,303	20,543	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		2,871,910	2,871,910	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		1,931,634	1,931,634	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.012641	0.007153	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		24,418	13,817	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		60,721	34,360	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		430	1,104	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		141.21	31.12	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		231	461	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		32,620	14,346	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)			95,081	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)			46,966	16.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 14-1337 Component CCN: 14-8583	Period: From 05/01/2018 To 04/30/2019	Worksheet M-4 Date/Time Prepared: 9/26/2019 5:14 pm	
		Title XVIII	RHC II	Cost	
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		493,880	493,880	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.000000	0.002437	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		0	1,204	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		0	136	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		0	1,340	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		514,086	514,086	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		447,700	447,700	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.000000	0.002607	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		0	1,167	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		0	2,507	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		0	38	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		0.00	65.97	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		0	9	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		0	594	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)			2,507	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)			594	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN:14-1337 Component CCN:14-8549	Period: From 05/01/2018 To 04/30/2019	Worksheet M-5 Date/Time Prepared: 9/26/2019 5:14 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		1,203,207	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		11/01/2018	48,629	3.01	
3.02		04/18/2019	151,142	3.02	
3.03			0	3.03	
3.04			0	3.04	
3.05			0	3.05	
Provider to Program					
3.50			0	3.50	
3.51			0	3.51	
3.52			0	3.52	
3.53			0	3.53	
3.54			0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		199,771	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		1,402,978	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		0	6.01	
6.02	SETTLEMENT TO PROGRAM		47,694	6.02	
7.00	Total Medicare program liability (see instructions)		1,355,284	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 HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-1337 Component CCN: 14-8583	Period: From 05/01/2018 To 04/30/2019	Worksheet M-5 Date/Time Prepared: 9/26/2019 5:14 pm	
			RHC II	Cost	
			Part B		
			mm/dd/yyyy	Amount	
			1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC			76,654	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				3.00
Program to Provider					
3.01			04/18/2019	6,514	3.01
3.02				0	3.02
3.03				0	3.03
3.04				0	3.04
3.05				0	3.05
Provider to Program					
3.50				0	3.50
3.51				0	3.51
3.52				0	3.52
3.53				0	3.53
3.54				0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			6,514	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)			83,168	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			1,135	6.01
6.02	SETTLEMENT TO PROGRAM			0	6.02
7.00	Total Medicare program liability (see instructions)			84,303	7.00
			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00