

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED
OMB NO. 0938-0050
EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-1317	Period: From 10/01/2019 To 09/30/2020	Worksheet S Parts I-III Date/Time Prepared: 5/25/2021 9:19 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 5/25/2021	Time: 9:19 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GIBSON AREA HOSPITAL AND HEALTH SVCS (14-1317) for the cost reporting period beginning 10/01/2019 and ending 09/30/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-684,693	331,462	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	-358,972	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	-4		0	7.00
10.00	RURAL HEALTH CLINIC I	0		66,449		0	10.00
200.00	Total	0	-1,043,665	397,907	0	0	200.00

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 14-1317		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 5/25/2021 9:19 am	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1120 N. MELVIN			PO Box:				1.00		
2.00	City: GIBSON CITY			State: IL		Zip Code: 60936-		County: FORD		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		GIBSON AREA HOSPITAL AND HEALTH SVCS	141317	16580	1	01/03/2002	N	O	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF		GIBSON COMMUNITY SWING BEDS	14Z317	16580		12/31/2002	N	O	N
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF		GIBSON HOSPITAL ANNEX SNF	145979	16580		05/19/1999	N	P	P
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC		THE PAXTON CLINIC	143408	16580		01/01/1996	N	O	O
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2019	09/30/2020		20.00
21.00	Type of Control (see instructions)						2			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
5/25/2021 9:19 am

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	0	0	0	0	0	0	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00
					Urban/Rural St	Date of Geogra	
					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 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					N		
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.							
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1317		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 5/25/2021 9:19 am	
			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 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		N				60.00
			Y/N	IME	Direct GME	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
			1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
62.00	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		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.00	0.00
					0.000000	64.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
5/25/2021 9:19 am

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
			V 1.00	XIX 2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	Y		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	Y		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	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	
		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	Y	N
			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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1317	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 5/25/2021 9:19 am
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
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:	570,362	0	0118.01
		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	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-1317		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 5/25/2021 9:19 am		
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:						
142.00	Street:	PO Box:								
143.00	City:	State:		Zip Code:						
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?								Y	
								1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.									146.00
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital	N	N	N	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	N	N	157.00	
158.00	SUBPROVIDER								158.00	
159.00	SNF	N	N	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	N	N	160.00	
161.00	CMHC		N	N	N	N	N	N	161.00	
								1.00		
165.00	Multicampus Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00			
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								0.00	169.00
								Beginning	Ending	
								1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)									170.00
								1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								N	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-1317		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part II Date/Time Prepared: 5/25/2021 9:19 am	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			Y			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
					Y/N		
					1.00		
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	
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	03/16/2021	Y	03/16/2021
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-1317	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part II Date/Time Prepared: 5/25/2021 9:19 am
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				21.00
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		Y	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N	27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		Y	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		Y	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N	31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N	33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		Y	35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?		N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N	40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MATTHEW	ERTEL	41.00
42.00	Enter the employer/company name of the cost report preparer	GIBSON AREA HOSPITAL AND HEALTH SERV		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-784-2601	MATTHEW_ERTEL@GIBSONHOSPITAL.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part II
Date/Time Prepared:
5/25/2021 9:19 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
5/25/2021 9:19 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	23	8,418	55,072.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		23	8,418	55,072.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	2	732	864.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		25	9,150	55,936.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	5	1,830		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	46.00	37	13,542			21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RHC (CONSOLIDATED)	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		67				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
5/25/2021 9:19 am

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)	1,003	12	2,103			1.00
2.00	HMO and other (see instructions)	353	292				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	1,202	0	1,365			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	148			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	2,205	12	3,616			7.00
8.00	INTENSIVE CARE UNIT	24	0	36			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		60	364			13.00
14.00	Total (see instructions)	2,229	72	4,016	0.00	574.10	14.00
15.00	CAH visits	14,338	1,013	60,934			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	507	0	995	0.00	2.39	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE			11,668	0.00	28.03	21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RHC (CONSOLIDATED)	13,851	1,105	59,874	0.00	109.71	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	714.23	27.00
28.00	Observation Bed Days		11	671			28.00
29.00	Ambulance Trips	666					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	3	120			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
5/25/2021 9:19 am

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	329	6	819	1.00
2.00 HMO and other (see instructions)			116	132		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	329	6	819	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	0.00				12	21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RHC (CONSOLIDATED)	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA				Provider CCN: 14-1317 Component CCN: 14-3408		Period: From 10/01/2019 To 09/30/2020		Worksheet S-8 Date/Time Prepared: 5/25/2021 9:19 am		
				RHC I		Cost				
				1.00						
Clinic Address and Identification										
1.00	Street				225 MARKET STREET			1.00		
				City		State		ZIP Code		
				1.00		2.00		3.00		
2.00	City, State, ZIP Code, County				PAXTON IL 60957			2.00		
								1.00		
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban							0 3.00		
				Grant Award		Date				
				1.00		2.00				
Source of Federal Funds										
4.00	Community Health Center (Section 330(d), PHS Act)							4.00		
5.00	Migrant Health Center (Section 329(d), PHS Act)							5.00		
6.00	Health Services for the Homeless (Section 340(d), PHS Act)							6.00		
7.00	Appalachian Regional Commission							7.00		
8.00	Look-Alikes							8.00		
9.00	OTHER (SPECIFY)							9.00		
				1.00		2.00				
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)				N		0		10.00	
				Sunday		Monday		Tuesday		
				from to		from to		from		
				1.00 2.00		3.00 4.00		5.00		
Facility hours of operations (1)										
11.00	CLINIC				08:00 12:00		07:00 17:00		08:00 11.00	
				1.00		2.00				
12.00	Have you received an approval for an exception to the productivity standard?				N				12.00	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.				Y		11		13.00	
				Provider name		CCN number				
				1.00		2.00				
14.00	RHC/FQHC name, CCN number				THE PAXTON CLINIC			143408 14.00		
14.01					THE ONARGA CLINIC			143440 14.01		
14.02					PRAIRIE FAMILY MEDICINE & OB			148505 14.02		
14.03					HOOPESTON CLINIC			148515 14.03		
14.04					FAMILY HEALTH CARE OF GIBSON CITY			148516 14.04		
14.05					FARMER CITY CLINIC			148517 14.05		
14.06					GIBSON AREA MEDICAL CLINIC			148546 14.06		
14.07					GIBSON CITY CLINIC			148559 14.07		
14.08					FAMILY HEALTH CARE OF CISSNA PARK			148593 14.08		
14.09					FAMILY HEALTH CARE OF MAHOMET			148600 14.09		
14.10					WATSEKA CLINIC			148609 14.10		
				Y/N		V		XVIII XIX		
				1.00		2.00		3.00 4.00		
								Total Visits		
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)							5.00 15.00		

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

 Provider CCN: 14-1317
 Component CCN: 14-3408

 Period:
 From 10/01/2019
 To 09/30/2020

 Worksheet S-8
 Date/Time Prepared:
 5/25/2021 9:19 am

		RHC I		Cost	
		County			
		4.00			
2.00	City, State, ZIP Code, County	FORD			
		Tuesday	Wednesday	Thursday	
		to	from to	from to	
		6.00	7.00 8.00	9.00 10.00	
		Facility hours of operations (1)			
11.00	CLINIC	17:00	07:00	17:00 07:00	17:00
		Friday		Saturday	
		from to	from to		
		11.00	12.00 13.00	14.00	
		Facility hours of operations (1)			
11.00	CLINIC	08:00	17:00	08:00 19:00	11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-1317	Period: From 10/01/2019 To 09/30/2020	Worksheet S-10 Date/Time Prepared: 5/25/2021 9:19 am	
				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)		0.374260		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		1,289,013		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y		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		20,316,040		6.00
7.00	Medicaid cost (line 1 times line 6)		7,603,481		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		6,314,468		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		48,717		9.00
10.00	Stand-alone CHIP charges		210,957		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		78,953		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		30,236		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		6,344,704		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	2,037,723	784,990	2,822,713	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	762,638	784,990	1,547,628	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)	762,638	784,990	1,547,628	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		4,112,255		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		307,771		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		473,495		27.01
28.00	Non-Medicare bad debt expense (see instructions)		3,638,760		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,527,566		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,075,194		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,419,898		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet A

Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,262,459	4,262,459	-3,061,074	1,201,385	1.00
1.01	00101	OB UNIT - BLDG & FIXT		0	0	312,347	312,347	1.01
1.02	00102	B&F - ONARGA RHC		0	0	8,407	8,407	1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN		0	0	11,670	11,670	1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC		0	0	69,347	69,347	1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC		0	0	15,831	15,831	1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC		0	0	156,170	156,170	1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC		0	0	51,720	51,720	1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC		0	0	11,744	11,744	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER		0	0	673	673	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION		0	0	7,104	7,104	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE		0	0	6,836	6,836	1.15
1.16	00116	B&F - AMBULANCE BUILDING		0	0	24,790	24,790	1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK		0	0	35,703	35,703	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE		0	0	6,685	6,685	1.18
1.19	00119	B&F - ANESTHESIA HOUSE		0	0	4,461	4,461	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK		0	0	10,836	10,836	1.20
1.21	00121	B&F - #4 DOCTOR'S PARK		0	0	2,519	2,519	1.21
1.22	00122	B&F - #8 DOCTOR'S PARK		0	0	14,783	14,783	1.22
1.25	00125	B&F - HARMS HOUSE/IT		0	0	29,665	29,665	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE		0	0	8,056	8,056	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE		0	0	7,344	7,344	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED		0	0	12,878	12,878	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	3,018,347	3,018,347	2.00
3.00	00300	OTHER CAP REL COSTS		187,125	187,125	0	187,125	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	348,036	15,145,420	15,493,456	-1,142,500	14,350,956	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,979,028	1,405,676	3,384,704	-905,393	2,479,311	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	5,363,346	8,586,815	13,950,161	409,872	14,360,033	5.02
7.00	00700	OPERATION OF PLANT	676,379	1,192,601	1,868,980	-291,564	1,577,416	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	50,411	101,097	151,508	291,564	443,072	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	279,682	100,062	379,744	0	379,744	8.00
9.00	00900	HOUSEKEEPING	453,665	103,828	557,493	0	557,493	9.00
10.00	01000	DIETARY	529,789	528,993	1,058,782	-477,692	581,090	10.00
11.00	01100	CAFETERIA	0	0	0	400,047	400,047	11.00
13.00	01300	NURSING ADMINISTRATION	748,553	77,380	825,933	0	825,933	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	328,966	328,966	0	328,966	14.00
15.00	01500	PHARMACY	636,454	330,341	966,795	0	966,795	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	281,840	99,317	381,157	0	381,157	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,162,797	315,293	3,478,090	-719,008	2,759,082	30.00
31.00	03100	INTENSIVE CARE UNIT	7,322	8,135	15,457	47,232	62,689	31.00
43.00	04300	NURSERY	0	0	0	505,220	505,220	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	135,464	135,464	44.00
46.00	04600	OTHER LONG TERM CARE	1,586,143	137,855	1,723,998	-28,617	1,695,381	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,981,609	1,138,439	3,120,048	0	3,120,048	50.00
51.00	05100	RECOVERY ROOM	358,713	22,682	381,395	0	381,395	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	166,556	166,556	52.00
53.00	05300	ANESTHESIOLOGY	1,829,434	190,004	2,019,438	86,570	2,106,008	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,573,362	1,764,185	3,337,547	-95,164	3,242,383	54.00
56.00	05600	RADIOISOTOPE	0	104,447	104,447	95,235	199,682	56.00
60.00	06000	LABORATORY	1,056,289	2,144,201	3,200,490	0	3,200,490	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	66,540	66,540	0	66,540	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	427,133	84,353	511,486	-28,728	482,758	65.00
66.00	06600	PHYSICAL THERAPY	1,337,080	84,479	1,421,559	0	1,421,559	66.00
67.00	06700	OCCUPATIONAL THERAPY	278,382	655	279,037	0	279,037	67.00
68.00	06800	SPEECH PATHOLOGY	304	54,629	54,933	0	54,933	68.00
69.00	06900	ELECTROCARDIOLOGY	0	9,238	9,238	28,728	37,966	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,285,746	1,285,746	0	1,285,746	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,364,302	4,364,302	0	4,364,302	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,449,751	1,449,751	0	1,449,751	73.00
73.01	07301	CARDIAC REHAB	53,734	3,729	57,463	0	57,463	73.01
73.02	07302	WOUND CARE	480,487	59,488	539,975	12,081	552,056	73.02
73.03	07303	SLEEP LAB	85,778	158,415	244,193	0	244,193	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	77,645	77,645	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	10,424,854	2,171,566	12,596,420	2,770,088	15,366,508	88.00
90.00	09000	CLINIC	247,505	36,776	284,281	0	284,281	90.00
90.01	09001	GERI PSYCH CLINIC	166,914	160,018	326,932	977	327,909	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	2,639,413	2,126,275	4,765,688	40,368	4,806,056	90.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet A

Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.03	09003	GENERAL SURGERY CLINIC	1,452,663	258,917	1,711,580	42,478	1,754,058	90.03
90.04	09004	GAPC AND #3 CLINIC	1,307,217	241,194	1,548,411	-946,441	601,970	90.04
91.00	09100	EMERGENCY	1,309,169	2,318,285	3,627,454	0	3,627,454	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,890,454	214,455	2,104,909	61,718	2,166,627	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		1,350,082	1,350,082	-1,350,082	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	45,003,939	54,774,214	99,778,153	-46,504	99,731,649	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	98,914	152,447	251,361	0	251,361	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	262,814	20,572	283,386	0	283,386	194.02
194.03	07953	WELLNESS CENTER	132,454	25,299	157,753	0	157,753	194.03
194.04	07954	PSYCH CLINIC	1,121,551	583,096	1,704,647	-520,123	1,184,524	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	48,704	48,704	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	153,166	15,693	168,859	0	168,859	194.07
194.08	07958	340B PHARMACY	0	254,051	254,051	0	254,051	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	127,007	10,852	137,859	0	137,859	194.10
194.11	07961	PULMONARY CLINIC	188,549	451,900	640,449	0	640,449	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	6,215	6,215	0	6,215	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	894,578	894,578	194.16
194.17	07967	ELITE PERFORMANCE	1,480,281	162,590	1,642,871	15,130	1,658,001	194.17
194.18	07968	GAFM	422,501	107,141	529,642	9,810	539,452	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	82,042	39,548	121,590	-2,224	119,366	194.20
194.21	07971	FAMILY H.C. FAIRBURY	336,200	122,992	459,192	24,659	483,851	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	536,711	278,365	815,076	-425,198	389,878	194.22
194.23	07973	WEEKEND CLINIC AT GAH	154,239	5,546	159,785	0	159,785	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	296,729	467,661	764,390	0	764,390	194.26
194.27	07977	RETAIL PHARMACY	417,873	2,301,082	2,718,955	1,168	2,720,123	194.27
194.28	07978	CP THERAPY	13,632	3,470	17,102	0	17,102	194.28
200.00		TOTAL (SUM OF LINES 118 through 199)	50,828,602	59,782,734	110,611,336	0	110,611,336	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 14-1317	Period: From 10/01/2019 To 09/30/2020	Worksheet A Date/Time Prepared: 5/25/2021 9:19 am
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	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	-46,451	1,154,934
1.01	00101	OB UNIT - BLDG & FIXT	-5,973	306,374
1.02	00102	B&F - ONARGA RHC	0	8,407
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN	0	11,670
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC	0	69,347
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC	0	15,831
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	0	156,170
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	0	51,720
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	0	11,744
1.12	00112	B&F - PAXTON WELLNESS CENTER	0	673
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	7,104
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	6,836
1.16	00116	B&F - AMBULANCE BUILDING	0	24,790
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	35,703
1.18	00118	B&F - COSMETOLOGY OFFICE	0	6,685
1.19	00119	B&F - ANESTHESIA HOUSE	0	4,461
1.20	00120	B&F - #7 DOCTOR'S PARK	0	10,836
1.21	00121	B&F - #4 DOCTOR'S PARK	0	2,519
1.22	00122	B&F - #8 DOCTOR'S PARK	0	14,783
1.25	00125	B&F - HARMS HOUSE/IT	0	29,665
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	8,056
1.27	00127	B&F - FALCON POINT RESIDENCE	0	7,344
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	12,878
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-20,642	2,997,705
3.00	00300	OTHER CAP REL COSTS	-187,125	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-340,978	14,009,978
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,479,311
5.02	00591	ALL OTHER ADMIN & GENERAL	-2,417,118	11,942,915
7.00	00700	OPERATION OF PLANT	0	1,577,416
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	443,072
8.00	00800	LAUNDRY & LINEN SERVICE	-122,219	257,525
9.00	00900	HOUSEKEEPING	0	557,493
10.00	01000	DIETARY	0	581,090
11.00	01100	CAFETERIA	-86,368	313,679
13.00	01300	NURSING ADMINISTRATION	0	825,933
14.00	01400	CENTRAL SERVICES & SUPPLY	0	328,966
15.00	01500	PHARMACY	0	966,795
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,657	379,500
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0	2,759,082
31.00	03100	INTENSIVE CARE UNIT	0	62,689
43.00	04300	NURSERY	0	505,220
44.00	04400	SKILLED NURSING FACILITY	0	135,464
46.00	04600	OTHER LONG TERM CARE	0	1,695,381
	ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	3,120,048
51.00	05100	RECOVERY ROOM	0	381,395
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	166,556
53.00	05300	ANESTHESIOLOGY	-1,962,512	143,496
54.00	05400	RADIOLOGY-DIAGNOSTIC	-761,457	2,480,926
56.00	05600	RADIOISOTOPE	0	199,682
60.00	06000	LABORATORY	-702,540	2,497,950
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	66,540
64.00	06400	INTRAVENOUS THERAPY	0	0
65.00	06500	RESPIRATORY THERAPY	0	482,758
66.00	06600	PHYSICAL THERAPY	0	1,421,559
67.00	06700	OCCUPATIONAL THERAPY	0	279,037
68.00	06800	SPEECH PATHOLOGY	0	54,933
69.00	06900	ELECTROCARDIOLOGY	0	37,966
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,285,746
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,364,302
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,449,751
73.01	07301	CARDIAC REHAB	0	57,463
73.02	07302	WOUND CARE	-186,299	365,757
73.03	07303	SLEEP LAB	-145,600	98,593
73.04	03950	DIETARY EDUCATION	0	77,645
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	-116,126	15,250,382
90.00	09000	CLINIC	0	284,281
90.01	09001	GERI PSYCH CLINIC	-50,019	277,890
90.02	09002	ORTHO AND CARDIO CLINIC	-3,771,552	1,034,504
90.03	09003	GENERAL SURGERY CLINIC	-1,255,019	499,039
90.04	09004	GAPC AND #3 CLINIC	-339,060	262,910

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet A

Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
91.00	09100	EMERGENCY	-1,197,712	2,429,742	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-192,408	1,974,219	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-13,908,835	85,822,814	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.01	19201	GAH - MSO	0	0	192.01
192.02	19202	GAH FOUNDATION	0	251,361	192.02
194.00	07950	FALCON POINT RENTAL	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	283,386	194.02
194.03	07953	WELLNESS CENTER	0	157,753	194.03
194.04	07954	PSYCH CLINIC	0	1,184,524	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	48,704	194.05
194.06	07956	LASER CLINIC	0	0	194.06
194.07	07957	PAIN CLINIC	0	168,859	194.07
194.08	07958	340B PHARMACY	0	254,051	194.08
194.09	07959	GAH CARDIOLOGY	0	0	194.09
194.10	07960	WIC	0	137,859	194.10
194.11	07961	PULMONARY CLINIC	0	640,449	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	6,215	194.12
194.13	07963	PODIATRY	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	194.15
194.16	07966	FHGC	0	894,578	194.16
194.17	07967	ELITE PERFORMANCE	0	1,658,001	194.17
194.18	07968	GAFM	0	539,452	194.18
194.19	07969	GAPC	0	0	194.19
194.20	07970	FHCF	0	119,366	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	483,851	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	389,878	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	159,785	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	194.25
194.26	07976	DENTAL CLINIC	0	764,390	194.26
194.27	07977	RETAIL PHARMACY	0	2,720,123	194.27
194.28	07978	CP THERAPY	0	17,102	194.28
200.00		TOTAL (SUM OF LINES 118 through 199)	-13,908,835	96,702,501	200.00

RECLASSIFICATIONS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-6

Date/Time Prepared:
5/25/2021 9:19 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - INTEREST RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	186,960		1.00
2.00	OB UNIT - BLDG & FIXT	1.01	0	109,291		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	291,647		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	71		4.00
5.00	RURAL HEALTH CLINIC	88.00	0	101,294		5.00
6.00	AMBULANCE SERVICES	95.00	0	7,255		6.00
7.00	MAHOMET SPECIALTY CLINIC	194.05	0	48,704		7.00
8.00	ALL OTHER ADMIN & GENERAL	5.02	0	604,860		8.00
	TOTALS		0	1,350,082		
	B - CAFETERIA					
1.00	CAFETERIA	11.00	200,174	199,873		1.00
	TOTALS		200,174	199,873		
	C - OBSTETRICS					
1.00	NURSERY	43.00	444,204	61,016		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	146,441	20,115		2.00
	TOTALS		590,645	81,131		
	D - SNF DIRECT CARE COST					
1.00	SKILLED NURSING FACILITY	44.00	124,632	10,832		1.00
	TOTALS		124,632	10,832		
	E - BOND AMORT COST					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	918		1.00
	TOTALS		0	918		
	F - MME, OB, & OFFSITE BLDG DEPR					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,643,809		1.00
2.00	OB UNIT - BLDG & FIXT	1.01	0	203,056		2.00
	TOTALS		0	2,846,865		
	G - CAPITAL INSURANCE EXP					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	169,399		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	81,973		2.00
	TOTALS		0	251,372		
	H - NUCLEAR MED & EKG TECH SALARY					
1.00	RADIOISOTOPE	56.00	95,235	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	28,728	0		2.00
	TOTALS		123,963	0		
	I - AMBULANCE BILLING COST					
1.00	AMBULANCE SERVICES	95.00	0	54,463		1.00
	TOTALS		0	54,463		
	K - DIETARY EDUCATION					
1.00	DIETARY EDUCATION	73.04	0	77,645		1.00
	TOTALS		0	77,645		
	L - PRACTITIONERS BENEFITS					
1.00	ANESTHESIOLOGY	53.00	0	86,570		1.00
2.00	WOUND CARE	73.02	0	12,081		2.00
3.00	RURAL HEALTH CLINIC	88.00	0	858,019		3.00
4.00	GERI PSYCH CLINIC	90.01	0	977		4.00
5.00	ORTHO AND CARDIO CLINIC	90.02	0	86,850		5.00
6.00	GENERAL SURGERY CLINIC	90.03	0	42,478		6.00
7.00	GAPC AND #3 CLINIC	90.04	0	55,525		7.00
	TOTALS		0	1,142,500		
	M - OFFSITE UTILITIES					
1.00	OPERATION OF PLANT-OUTSIDE PROPERTY	7.01	0	291,564		1.00
	TOTALS		0	291,564		
	N - A&P FLOAT TO ICU					
1.00	INTENSIVE CARE UNIT	31.00	47,232	0		1.00
	TOTALS		47,232	0		
	O - OFFSITE BLDG DEPR					
1.00	B&F - FARMER CITY RURAL HEALTH CLIN	1.04	0	11,670		1.00
2.00	B&F - HOOPESTON RURAL HEALTH CLINIC	1.05	0	69,347		2.00
3.00	B&F - FORREST RURAL HEALTH CLINIC	1.07	0	15,831		3.00
4.00	B&F - PAXTON RURAL HEALTH CLINIC	1.09	0	156,170		4.00
5.00	B&F - MAHOMET SPECIALTY CLINIC	1.10	0	51,720		5.00
6.00	B&F - POTOMAC RURAL HEALTH CLINIC	1.11	0	11,744		6.00
7.00	B&F - PAXTON WELLNESS CENTER	1.12	0	673		7.00
8.00	B&F - PAXTON AMBULANCE STATION	1.14	0	7,104		8.00

RECLASSIFICATIONS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-6

Date/Time Prepared:
5/25/2021 9:19 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
9.00	B&F - AMBULANCE STAFF RESIDENCE	1.15	0	6,836	9.00
10.00	B&F - AMBULANCE BUILDING	1.16	0	24,790	10.00
11.00	B&F - # 10 DOCTOR'S PARK	1.17	0	35,703	11.00
12.00	B&F - COSMETOLOGY OFFICE	1.18	0	6,685	12.00
13.00	B&F - ANESTHESIA HOUSE	1.19	0	4,461	13.00
14.00	B&F - #7 DOCTOR'S PARK	1.20	0	10,836	14.00
15.00	B&F - #4 DOCTOR'S PARK	1.21	0	2,519	15.00
16.00	B&F - #8 DOCTOR'S PARK	1.22	0	14,783	16.00
17.00	B&F - HARMS HOUSE/IT	1.25	0	29,665	17.00
18.00	B&F - 9TH ST. EDUCATION HOUSE	1.26	0	8,056	18.00
19.00	B&F - FALCON POINT RESIDENCE	1.27	0	7,344	19.00
20.00	B&F - 2012 NEW STORAGE SHED	1.28	0	12,878	20.00
21.00	ALL OTHER ADMIN & GENERAL	5.02	0	20,384	21.00
22.00	B&F - ONARGA RHC	1.02	0	8,407	22.00
23.00	RURAL HEALTH CLINIC	88.00	0	3,501	23.00
24.00	FAMILY H.C. FAIRBURY	194.21	0	24,659	24.00
25.00	ELITE PERFORMANCE	194.17	0	15,130	25.00
26.00	GAFM	194.18	0	9,810	26.00
27.00	RETAIL PHARMACY	194.27	0	1,168	27.00
	TOTALS		0	571,874	
Q - BWC VISITS RHC					
1.00	RURAL HEALTH CLINIC	88.00	374,748	145,375	1.00
	TOTALS		374,748	145,375	
T - RHC/ SNF BILLING/COLLECTIONS					
1.00	RURAL HEALTH CLINIC	88.00	345,640	398,443	1.00
2.00	OTHER LONG TERM CARE	46.00	49,632	57,215	2.00
	TOTALS		395,272	455,658	
U - CLINIC MOVES					
1.00	RURAL HEALTH CLINIC	88.00	281,501	143,697	1.00
2.00	FHGC	194.16	705,250	189,328	2.00
3.00	RURAL HEALTH CLINIC	88.00	824,060	159,906	3.00
	TOTALS		1,810,811	492,931	
V - RHC PROVIDER COST					
1.00	RURAL HEALTH CLINIC	88.00	0	46,482	1.00
	TOTALS		0	46,482	
W - PROVIDER ADMIN EXPENSE					
1.00	ALL OTHER ADMIN & GENERAL	5.02	36,000	0	1.00
2.00		0.00	0	0	2.00
	TOTALS		36,000	0	
500.00	Grand Total: Increases		3,703,477	8,019,565	500.00

RECLASSIFICATIONS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-6

Date/Time Prepared:
5/25/2021 9:19 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - INTEREST RECLASS						
1.00	INTEREST EXPENSE	113.00	0	1,350,082	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	11		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
	TOTALS		0	1,350,082			
	B - CAFETERIA						
1.00	DIETARY	10.00	200,174	199,873	0		1.00
	TOTALS		200,174	199,873			
	C - OBSTETRICS						
1.00	ADULTS & PEDIATRICS	30.00	590,645	81,131	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		590,645	81,131			
	D - SNF DIRECT CARE COST						
1.00	OTHER LONG TERM CARE	46.00	124,632	10,832	0		1.00
	TOTALS		124,632	10,832			
	E - BOND AMORT COST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	918	14		1.00
	TOTALS		0	918			
	F - MME, OB, & OFFSITE BLDG DEPR						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,643,809	9		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	203,056	9		2.00
	TOTALS		0	2,846,865			
	G - CAPITAL INSURANCE EXP						
1.00	ALL OTHER ADMIN & GENERAL	5.02	0	251,372	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	251,372			
	H - NUCLEAR MED & EKG TECH SALARY						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	95,235	0	0		1.00
2.00	RESPIRATORY THERAPY	65.00	28,728	0	0		2.00
	TOTALS		123,963	0			
	I - AMBULANCE BILLING COST						
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.01	0	54,463	0		1.00
	TOTALS		0	54,463			
	K - DIETARY EDUCATION						
1.00	DIETARY	10.00	0	77,645	0		1.00
	TOTALS		0	77,645			
	L - PRACTITIONERS BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,142,500	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
	TOTALS		0	1,142,500			
	M - OFFSITE UTILITIES						
1.00	OPERATION OF PLANT	7.00	0	291,564	0		1.00
	TOTALS		0	291,564			
	N - A&P FLOAT TO ICU						
1.00	ADULTS & PEDIATRICS	30.00	47,232	0	0		1.00
	TOTALS		47,232	0			
	O - OFFSITE BLDG DEPR						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	569,650	9		1.00
2.00	FHCF	194.20	0	2,224	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
8.00		0.00	0	0	9		8.00
9.00		0.00	0	0	9		9.00
10.00		0.00	0	0	9		10.00
11.00		0.00	0	0	9		11.00
12.00		0.00	0	0	9		12.00
13.00		0.00	0	0	9		13.00
14.00		0.00	0	0	9		14.00
15.00		0.00	0	0	9		15.00
16.00		0.00	0	0	9		16.00

RECLASSIFICATIONS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-6

Date/Time Prepared:
5/25/2021 9:19 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
17.00		0.00	0	0	9		17.00
18.00		0.00	0	0	9		18.00
19.00		0.00	0	0	9		19.00
20.00		0.00	0	0	9		20.00
21.00		0.00	0	0	9		21.00
22.00		0.00	0	0	9		22.00
23.00		0.00	0	0	9		23.00
24.00		0.00	0	0	9		24.00
25.00		0.00	0	0	9		25.00
26.00		0.00	0	0	9		26.00
27.00		0.00	0	0	0		27.00
	TOTALS		0	571,874			
	Q - BWC VISITS RHC						
1.00	PSYCH CLINIC	194.04	374,748	145,375	0		1.00
	TOTALS		374,748	145,375			
	T - RHC/ SNF BILLING/COLLECTIONS						
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.01	395,272	455,658	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		395,272	455,658			
	U - CLINIC MOVES						
1.00	GIBSON HEALTH OF WATSEKA	194.22	281,501	143,697	0		1.00
2.00	RURAL HEALTH CLINIC	88.00	705,250	189,328	0		2.00
3.00	GAPC AND #3 CLINIC	90.04	824,060	159,906	0		3.00
	TOTALS		1,810,811	492,931			
	V - RHC PROVIDER COST						
1.00	ORTHO AND CARDIO CLINIC	90.02	0	46,482	0		1.00
	TOTALS		0	46,482			
	W - PROVIDER ADMIN EXPENSE						
1.00	RURAL HEALTH CLINIC	88.00	18,000	0	0		1.00
2.00	GAPC AND #3 CLINIC	90.04	18,000	0	0		2.00
	TOTALS		36,000	0			
500.00	Grand Total: Decreases		3,703,477	8,019,565			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part I
Date/Time Prepared:
5/25/2021 9:19 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
			1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	1,152,071	386,995	0	386,995	0	1.00	
2.00	Land Improvements	2,074,102	0	0	0	0	2.00	
3.00	Buildings and Fixtures	45,856,374	577,677	0	577,677	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	28,186,166	975,831	0	975,831	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	77,268,713	1,940,503	0	1,940,503	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	77,268,713	1,940,503	0	1,940,503	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	1,539,066	0					1.00
2.00	Land Improvements	2,074,102	0					2.00
3.00	Buildings and Fixtures	46,434,051	0					3.00
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	29,161,997	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	79,209,216	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	79,209,216	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part II
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	4,262,459	0	0	0	0	1.00
1.01	OB UNIT - BLDG & FIXT	0	0	0	0	0	1.01
1.02	B&F - ONARGA RHC	0	0	0	0	0	1.02
1.04	B&F - FARMER CITY RURAL HEALTH CLIN	0	0	0	0	0	1.04
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	0	0	1.05
1.07	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	0	0	1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	0	0	1.09
1.10	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	0	0	1.10
1.11	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	0	0	1.11
1.12	B&F - PAXTON WELLNESS CENTER	0	0	0	0	0	1.12
1.14	B&F - PAXTON AMBULANCE STATION	0	0	0	0	0	1.14
1.15	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	0	1.15
1.16	B&F - AMBULANCE BUILDING	0	0	0	0	0	1.16
1.17	B&F - # 10 DOCTOR'S PARK	0	0	0	0	0	1.17
1.18	B&F - COSMETOLOGY OFFICE	0	0	0	0	0	1.18
1.19	B&F - ANESTHESIA HOUSE	0	0	0	0	0	1.19
1.20	B&F - #7 DOCTOR'S PARK	0	0	0	0	0	1.20
1.21	B&F - #4 DOCTOR'S PARK	0	0	0	0	0	1.21
1.22	B&F - #8 DOCTOR'S PARK	0	0	0	0	0	1.22
1.25	B&F - HARMS HOUSE/IT	0	0	0	0	0	1.25
1.26	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1.26
1.27	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1.27
1.28	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1.28
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,262,459	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	4,262,459				1.00
1.01	OB UNIT - BLDG & FIXT	0	0				1.01
1.02	B&F - ONARGA RHC	0	0				1.02
1.04	B&F - FARMER CITY RURAL HEALTH CLIN	0	0				1.04
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0				1.05
1.07	B&F - FORREST RURAL HEALTH CLINIC	0	0				1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0				1.09
1.10	B&F - MAHOMET SPECIALTY CLINIC	0	0				1.10
1.11	B&F - POTOMAC RURAL HEALTH CLINIC	0	0				1.11
1.12	B&F - PAXTON WELLNESS CENTER	0	0				1.12
1.14	B&F - PAXTON AMBULANCE STATION	0	0				1.14
1.15	B&F - AMBULANCE STAFF RESIDENCE	0	0				1.15
1.16	B&F - AMBULANCE BUILDING	0	0				1.16
1.17	B&F - # 10 DOCTOR'S PARK	0	0				1.17
1.18	B&F - COSMETOLOGY OFFICE	0	0				1.18
1.19	B&F - ANESTHESIA HOUSE	0	0				1.19
1.20	B&F - #7 DOCTOR'S PARK	0	0				1.20
1.21	B&F - #4 DOCTOR'S PARK	0	0				1.21
1.22	B&F - #8 DOCTOR'S PARK	0	0				1.22
1.25	B&F - HARMS HOUSE/IT	0	0				1.25
1.26	B&F - 9TH ST. EDUCATION HOUSE	0	0				1.26
1.27	B&F - FALCON POINT RESIDENCE	0	0				1.27
1.28	B&F - 2012 NEW STORAGE SHED	0	0				1.28
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	4,262,459				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part III
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	50,047,219	0	50,047,219	0.631836	0	1.00
1.01	OB UNIT - BLDG & FIXT	0	0	0	0.000000	0	1.01
1.02	B&F - ONARGA RHC	0	0	0	0.000000	0	1.02
1.04	B&F - FARMER CITY RURAL HEALTH CLIN	0	0	0	0.000000	0	1.04
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	0.000000	0	1.05
1.07	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	0.000000	0	1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	0.000000	0	1.09
1.10	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	0.000000	0	1.10
1.11	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	0.000000	0	1.11
1.12	B&F - PAXTON WELLNESS CENTER	0	0	0	0.000000	0	1.12
1.14	B&F - PAXTON AMBULANCE STATION	0	0	0	0.000000	0	1.14
1.15	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0.000000	0	1.15
1.16	B&F - AMBULANCE BUILDING	0	0	0	0.000000	0	1.16
1.17	B&F - # 10 DOCTOR'S PARK	0	0	0	0.000000	0	1.17
1.18	B&F - COSMETOLOGY OFFICE	0	0	0	0.000000	0	1.18
1.19	B&F - ANESTHESIA HOUSE	0	0	0	0.000000	0	1.19
1.20	B&F - #7 DOCTOR'S PARK	0	0	0	0.000000	0	1.20
1.21	B&F - #4 DOCTOR'S PARK	0	0	0	0.000000	0	1.21
1.22	B&F - #8 DOCTOR'S PARK	0	0	0	0.000000	0	1.22
1.25	B&F - HARMS HOUSE/IT	0	0	0	0.000000	0	1.25
1.26	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0.000000	0	1.26
1.27	B&F - FALCON POINT RESIDENCE	0	0	0	0.000000	0	1.27
1.28	B&F - 2012 NEW STORAGE SHED	0	0	0	0.000000	0	1.28
2.00	CAP REL COSTS-MVBLE EQUIP	29,161,997	0	29,161,997	0.368164	0	2.00
3.00	Total (sum of lines 1-2)	79,209,216	0	79,209,216	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	809,712	0	1.00
1.01	OB UNIT - BLDG & FIXT	0	0	0	203,056	0	1.01
1.02	B&F - ONARGA RHC	0	0	0	8,407	0	1.02
1.04	B&F - FARMER CITY RURAL HEALTH CLIN	0	0	0	11,670	0	1.04
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	69,347	0	1.05
1.07	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	15,831	0	1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	156,170	0	1.09
1.10	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	51,720	0	1.10
1.11	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	11,744	0	1.11
1.12	B&F - PAXTON WELLNESS CENTER	0	0	0	673	0	1.12
1.14	B&F - PAXTON AMBULANCE STATION	0	0	0	7,104	0	1.14
1.15	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	6,836	0	1.15
1.16	B&F - AMBULANCE BUILDING	0	0	0	24,790	0	1.16
1.17	B&F - # 10 DOCTOR'S PARK	0	0	0	35,703	0	1.17
1.18	B&F - COSMETOLOGY OFFICE	0	0	0	6,685	0	1.18
1.19	B&F - ANESTHESIA HOUSE	0	0	0	4,461	0	1.19
1.20	B&F - #7 DOCTOR'S PARK	0	0	0	10,836	0	1.20
1.21	B&F - #4 DOCTOR'S PARK	0	0	0	2,519	0	1.21
1.22	B&F - #8 DOCTOR'S PARK	0	0	0	14,783	0	1.22
1.25	B&F - HARMS HOUSE/IT	0	0	0	29,665	0	1.25
1.26	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	8,056	0	1.26
1.27	B&F - FALCON POINT RESIDENCE	0	0	0	7,344	0	1.27
1.28	B&F - 2012 NEW STORAGE SHED	0	0	0	12,878	0	1.28
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,639,106	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,149,096	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part III
Date/Time Prepared:
5/25/2021 9:19 am

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	176,741	169,399	0	-918	1,154,934	1.00
1.01	OB UNIT - BLDG & FIXT	103,318	0	0	0	306,374	1.01
1.02	B&F - ONARGA RHC	0	0	0	0	8,407	1.02
1.04	B&F - FARMER CITY RURAL HEALTH CLIN	0	0	0	0	11,670	1.04
1.05	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	0	69,347	1.05
1.07	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	0	15,831	1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	0	156,170	1.09
1.10	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	0	51,720	1.10
1.11	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	0	11,744	1.11
1.12	B&F - PAXTON WELLNESS CENTER	0	0	0	0	673	1.12
1.14	B&F - PAXTON AMBULANCE STATION	0	0	0	0	7,104	1.14
1.15	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	6,836	1.15
1.16	B&F - AMBULANCE BUILDING	0	0	0	0	24,790	1.16
1.17	B&F - # 10 DOCTOR'S PARK	0	0	0	0	35,703	1.17
1.18	B&F - COSMETOLOGY OFFICE	0	0	0	0	6,685	1.18
1.19	B&F - ANESTHESIA HOUSE	0	0	0	0	4,461	1.19
1.20	B&F - #7 DOCTOR'S PARK	0	0	0	0	10,836	1.20
1.21	B&F - #4 DOCTOR'S PARK	0	0	0	0	2,519	1.21
1.22	B&F - #8 DOCTOR'S PARK	0	0	0	0	14,783	1.22
1.25	B&F - HARMS HOUSE/IT	0	0	0	0	29,665	1.25
1.26	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	8,056	1.26
1.27	B&F - FALCON POINT RESIDENCE	0	0	0	0	7,344	1.27
1.28	B&F - 2012 NEW STORAGE SHED	0	0	0	0	12,878	1.28
2.00	CAP REL COSTS-MVBLE EQUIP	275,708	81,973	0	918	2,997,705	2.00
3.00	Total (sum of lines 1-2)	555,767	251,372	0	0	4,956,235	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8

Date/Time Prepared:
5/25/2021 9:19 am

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	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - OB UNIT - BLDG & FIXT (chapter 2)			0OB UNIT - BLDG & FIXT	1.01	0	1.01
1.02	Investment income - B&F - ONARGA RHC (chapter 2)			0B&F - ONARGA RHC	1.02	0	1.02
1.04	Investment income - B&F - FARMER CITY RURAL HEALTH CLIN (chapter 2)			0B&F - FARMER CITY RURAL HEALTH CLIN	1.04	0	1.04
1.05	Investment income - B&F - HOOPESTON RURAL HEALTH CLINIC (chapter 2)			0B&F - HOOPESTON RURAL HEALTH CLINIC	1.05	0	1.05
1.07	Investment income - B&F - FORREST RURAL HEALTH CLINIC (chapter 2)			0B&F - FORREST RURAL HEALTH CLINIC	1.07	0	1.07
1.09	Investment income - B&F - PAXTON RURAL HEALTH CLINIC (chapter 2)			0B&F - PAXTON RURAL HEALTH CLINIC	1.09	0	1.09
1.10	Investment income - B&F - MAHOMET SPECIALTY CLINIC (chapter 2)			0B&F - MAHOMET SPECIALTY CLINIC	1.10	0	1.10
1.11	Investment income - B&F - POTOMAC RURAL HEALTH CLINIC (chapter 2)			0B&F - POTOMAC RURAL HEALTH CLINIC	1.11	0	1.11
1.12	Investment income - B&F - PAXTON WELLNESS CENTER (chapter 2)			0B&F - PAXTON WELLNESS CENTER	1.12	0	1.12
1.14	Investment income - B&F - PAXTON AMBULANCE STATION (chapter 2)			0B&F - PAXTON AMBULANCE STATION	1.14	0	1.14
1.15	Investment income - B&F - AMBULANCE STAFF RESIDENCE (chapter 2)			0B&F - AMBULANCE STAFF RESIDENCE	1.15	0	1.15
1.16	Investment income - B&F - AMBULANCE BUILDING (chapter 2)			0B&F - AMBULANCE BUILDING	1.16	0	1.16
1.17	Investment income - B&F - # 10 DOCTOR'S PARK (chapter 2)			0B&F - # 10 DOCTOR'S PARK	1.17	0	1.17
1.18	Investment income - B&F - COSMETOLOGY OFFICE (chapter 2)			0B&F - COSMETOLOGY OFFICE	1.18	0	1.18
1.19	Investment income - B&F - ANESTHESIA HOUSE (chapter 2)			0B&F - ANESTHESIA HOUSE	1.19	0	1.19
1.20	Investment income - B&F - #7 DOCTOR'S PARK (chapter 2)			0B&F - #7 DOCTOR'S PARK	1.20	0	1.20
1.21	Investment income - B&F - #4 DOCTOR'S PARK (chapter 2)			0B&F - #4 DOCTOR'S PARK	1.21	0	1.21
1.22	Investment income - B&F - #8 DOCTOR'S PARK (chapter 2)			0B&F - #8 DOCTOR'S PARK	1.22	0	1.22
1.25	Investment income - B&F - HARMS HOUSE/IT (chapter 2)			0B&F - HARMS HOUSE/IT	1.25	0	1.25
1.26	Investment income - B&F - 9TH ST. EDUCATION HOUSE (chapter 2)			0B&F - 9TH ST. EDUCATION HOUSE	1.26	0	1.26
1.27	Investment income - B&F - FALCON POINT RESIDENCE (chapter 2)			0B&F - FALCON POINT RESIDENCE	1.27	0	1.27
1.28	Investment income - B&F - 2012 NEW STORAGE SHED (chapter 2)			0B&F - 2012 NEW STORAGE SHED	1.28	0	1.28
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-20,373	ALL OTHER ADMIN & GENERAL	5.02	0	7.00
8.00	Television and radio service (chapter 21)	A	-13,621	ALL OTHER ADMIN & GENERAL	5.02	0	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8

Date/Time Prepared:
5/25/2021 9:19 am

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	
10.00	Provider-based physician adjustment	A-8-2	-8,454,254			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - OB UNIT - BLDG & FIXT		0	OB UNIT - BLDG & FIXT	1.01	0	26.01
26.02	Depreciation - B&F - ONARGA RHC		0	B&F - ONARGA RHC	1.02	0	26.02
26.04	Depreciation - B&F - FARMER CITY RURAL HEALTH CLIN		0	B&F - FARMER CITY RURAL HEALTH CLIN	1.04	0	26.04
26.05	Depreciation - B&F - HOOPESTON RURAL HEALTH CLINIC		0	B&F - HOOPESTON RURAL HEALTH CLINIC	1.05	0	26.05
26.07	Depreciation - B&F - FORREST RURAL HEALTH CLINIC		0	B&F - FORREST RURAL HEALTH CLINIC	1.07	0	26.07
26.09	Depreciation - B&F - PAXTON RURAL HEALTH CLINIC		0	B&F - PAXTON RURAL HEALTH CLINIC	1.09	0	26.09
26.10	Depreciation - B&F - MAHOMET SPECIALTY CLINIC		0	B&F - MAHOMET SPECIALTY CLINIC	1.10	0	26.10
26.11	Depreciation - B&F - POTOMAC RURAL HEALTH CLINIC		0	B&F - POTOMAC RURAL HEALTH CLINIC	1.11	0	26.11
26.12	Depreciation - B&F - PAXTON WELLNESS CENTER		0	B&F - PAXTON WELLNESS CENTER	1.12	0	26.12
26.14	Depreciation - B&F - PAXTON AMBULANCE STATION		0	B&F - PAXTON AMBULANCE STATION	1.14	0	26.14
26.15	Depreciation - B&F - AMBULANCE STAFF RESIDENCE		0	B&F - AMBULANCE STAFF RESIDENCE	1.15	0	26.15
26.16	Depreciation - B&F - AMBULANCE BUILDING		0	B&F - AMBULANCE BUILDING	1.16	0	26.16
26.17	Depreciation - B&F - # 10 DOCTOR'S PARK		0	B&F - # 10 DOCTOR'S PARK	1.17	0	26.17
26.18	Depreciation - B&F - COSMETOLOGY OFFICE		0	B&F - COSMETOLOGY OFFICE	1.18	0	26.18
26.19	Depreciation - B&F - ANESTHESIA HOUSE		0	B&F - ANESTHESIA HOUSE	1.19	0	26.19
26.20	Depreciation - B&F - #7 DOCTOR'S PARK		0	B&F - #7 DOCTOR'S PARK	1.20	0	26.20
26.21	Depreciation - B&F - #4 DOCTOR'S PARK		0	B&F - #4 DOCTOR'S PARK	1.21	0	26.21

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8

Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
26.22	Depreciation - B&F - #8 DOCTOR'S PARK			0B&F - #8 DOCTOR'S PARK		1.22	0	26.22
26.25	Depreciation - B&F - HARMS HOUSE/IT			0B&F - HARMS HOUSE/IT		1.25	0	26.25
26.26	Depreciation - B&F - 9TH ST. EDUCATION HOUSE			0B&F - 9TH ST. EDUCATION HOUSE		1.26	0	26.26
26.27	Depreciation - B&F - FALCON POINT RESIDENCE			0B&F - FALCON POINT RESIDENCE		1.27	0	26.27
26.28	Depreciation - B&F - 2012 NEW STORAGE SHED			0B&F - 2012 NEW STORAGE SHED		1.28	0	26.28
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***		19.00		28.00
29.00	Physicians' assistant			0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY		67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS		30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	A	-4,703	CAP REL COSTS-MVBLE EQUIP		2.00	9	32.00
33.00	A&G MISC REV	B	-5,327	ALL OTHER ADMIN & GENERAL		5.02	0	33.00
33.01	DR BARK DIRECTOR FEES	B	-53,200	RURAL HEALTH CLINIC		88.00	0	33.01
33.02	PAXTON HEALTHCARE OTHER REV	B	-13,118	RURAL HEALTH CLINIC		88.00	0	33.02
33.03	A&G MISC REV	B	-2,371	ALL OTHER ADMIN & GENERAL		5.02	0	33.03
33.04	SCHOOL NURSING INCOME	B	-162,083	ALL OTHER ADMIN & GENERAL		5.02	0	33.04
33.05	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	33.05
33.06	CAFE MISC REV	B	-86,368	CAFETERIA		11.00	0	33.06
33.07	LAUNDRY MISC REV	B	-122,219	LAUNDRY & LINEN SERVICE		8.00	0	33.07
33.08	MED RECORDS MISC REV	B	-1,657	MEDICAL RECORDS & LIBRARY		16.00	0	33.08
33.09	RENTAL INC - OPC	B	-36,232	CAP REL COSTS-BLDG & FIXT		1.00	9	33.09
33.10	INVEST INCOME - B&F	B	-10,219	CAP REL COSTS-BLDG & FIXT		1.00	11	33.10
33.11	INVEST INCOME - OB B&F	B	-5,973	OB UNIT - BLDG & FIXT		1.01	11	33.11
33.12	INVEST INCOME - MME	B	-15,939	CAP REL COSTS-MVBLE EQUIP		2.00	11	33.12
33.13	INVEST INCOME - A&G	B	-33,065	ALL OTHER ADMIN & GENERAL		5.02	0	33.13
33.14	INVEST INCOME - RAD	B	-4	RADIOLOGY-DIAGNOSTIC		54.00	0	33.14
33.15	INVEST INCOME - RHCS	B	-5,536	RURAL HEALTH CLINIC		88.00	0	33.15
33.16	INVEST INCOME - AMBULANCE	B	-396	AMBULANCE SERVICES		95.00	0	33.16
33.17	AMBULANCE CONTRACT REVENUE	B	-192,012	AMBULANCE SERVICES		95.00	0	33.17
33.18	AMORTIZATION OF GOODWILL	A	-187,125	OTHER CAP REL COSTS		3.00	0	33.18
33.19	INTERNALLY ALLOCATED RENT EXP - RHC	A	-35,781	RURAL HEALTH CLINIC		88.00	0	33.19
33.20	LOBBYING DUES	B	-22,842	ALL OTHER ADMIN & GENERAL		5.02	0	33.20
33.21	STATE PROVIDER TAX EXP	A	-16,213	ALL OTHER ADMIN & GENERAL		5.02	0	33.21
33.22	OP STATE PROVIDER TAX EXP	A	-1,081,718	ALL OTHER ADMIN & GENERAL		5.02	0	33.22
33.23	CRNA SALARIES	A	-1,829,434	ANESTHESIOLOGY		53.00	0	33.23
33.24	CRNA BENEFITS	A	-88,078	ANESTHESIOLOGY		53.00	0	33.24
33.25	PUBLIC RELATIONS OFFSET	A	-210,682	ALL OTHER ADMIN & GENERAL		5.02	0	33.25
33.26	PUBLIC RELATIONS OFFSET BENEFITS	A	-13,864	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.26
33.27	MISC DONATIONS (COMM ED)	A	-285,737	ALL OTHER ADMIN & GENERAL		5.02	0	33.27
33.28	PT B PHYSICIAN BENEFITS	A	-327,114	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.28
33.29	RHC DRS HOSP VISIT	A	-8,491	RURAL HEALTH CLINIC		88.00	0	33.29
33.30	PHYSICIAN RECRUITMENT	A	-563,086	ALL OTHER ADMIN & GENERAL		5.02	0	33.30
33.31	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	33.31
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,908,835					50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8-2

Date/Time Prepared:
5/25/2021 9:19 am

	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	54.00	RADIOLOGY-DIAGNOSTIC	668,200	668,200	0	0	0	1.00
2.00	91.00	EMERGENCY	1,549,429	567,101	982,328	0	0	2.00
3.00	91.00	EMERGENCY	630,611	630,611	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	93,253	93,253	0	0	0	4.00
5.00	90.01	GERI PSYCH CLINIC	37,500	37,500	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	45,000	45,000	0	0	0	6.00
7.00	60.00	LABORATORY	702,540	702,540	0	0	0	7.00
8.00	73.03	SLEEP LAB	145,600	145,600	0	0	0	8.00
9.00	90.02	ORTHO AND CARDIO CLINIC	1,767,735	1,767,735	0	0	0	9.00
10.00	73.02	WOUND CARE	186,299	186,299	0	0	0	10.00
11.00	90.01	GERI PSYCH CLINIC	12,519	12,519	0	0	0	11.00
12.00	90.02	ORTHO AND CARDIO CLINIC	2,003,817	2,003,817	0	0	0	12.00
13.00	90.03	GENERAL SURGERY CLINIC	1,255,019	1,255,019	0	0	0	13.00
14.00	90.04	GAPC AND #3 CLINIC	339,060	339,060	0	0	0	14.00
200.00			9,436,582	8,454,254	982,328		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	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	1.00
2.00	91.00	EMERGENCY	0	0	0	0	0	2.00
3.00	91.00	EMERGENCY	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	90.01	GERI PSYCH CLINIC	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	73.03	SLEEP LAB	0	0	0	0	0	8.00
9.00	90.02	ORTHO AND CARDIO CLINIC	0	0	0	0	0	9.00
10.00	73.02	WOUND CARE	0	0	0	0	0	10.00
11.00	90.01	GERI PSYCH CLINIC	0	0	0	0	0	11.00
12.00	90.02	ORTHO AND CARDIO CLINIC	0	0	0	0	0	12.00
13.00	90.03	GENERAL SURGERY CLINIC	0	0	0	0	0	13.00
14.00	90.04	GAPC AND #3 CLINIC	0	0	0	0	0	14.00
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	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	668,200		1.00
2.00	91.00	EMERGENCY	0	0	0	567,101		2.00
3.00	91.00	EMERGENCY	0	0	0	630,611		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	93,253		4.00
5.00	90.01	GERI PSYCH CLINIC	0	0	0	37,500		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	45,000		6.00
7.00	60.00	LABORATORY	0	0	0	702,540		7.00
8.00	73.03	SLEEP LAB	0	0	0	145,600		8.00
9.00	90.02	ORTHO AND CARDIO CLINIC	0	0	0	1,767,735		9.00
10.00	73.02	WOUND CARE	0	0	0	186,299		10.00
11.00	90.01	GERI PSYCH CLINIC	0	0	0	12,519		11.00
12.00	90.02	ORTHO AND CARDIO CLINIC	0	0	0	2,003,817		12.00
13.00	90.03	GENERAL SURGERY CLINIC	0	0	0	1,255,019		13.00
14.00	90.04	GAPC AND #3 CLINIC	0	0	0	339,060		14.00
200.00			0	0	0	8,454,254		200.00

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS		Provider CCN: 14-1317		Period: From 10/01/2019 To 09/30/2020		Worksheet A-8-3 Parts I-VI Date/Time Prepared: 5/25/2021 9:19 am	
				Speech Pathology		Cost	
						1.00	
PART I - GENERAL INFORMATION							
1.00	Total number of weeks worked (excluding aides) (see instructions)					23	1.00
2.00	Line 1 multiplied by 15 hours per week					345	2.00
3.00	Number of unduplicated days in which supervisor or therapist was on provider site (see instructions)					92	3.00
4.00	Number of unduplicated days in which therapy assistant was on provider site but neither supervisor nor therapist was on provider site (see instructions)					0	4.00
5.00	Number of unduplicated offsite visits - supervisors or therapists (see instructions)					0	5.00
6.00	Number of unduplicated offsite visits - therapy assistants (include only visits made by therapy assistant and on which supervisor and/or therapist was not present during the visit(s)) (see instructions)					0	6.00
7.00	Standard travel expense rate					5.76	7.00
8.00	Optional travel expense rate per mile					0.00	8.00
		Supervisors	Therapists	Assistants	Aides	Trainees	
		1.00	2.00	3.00	4.00	5.00	
9.00	Total hours worked	0.00	736.00	0.00	0.00	0.00	9.00
10.00	AHSEA (see instructions)	0.00	78.24	0.00	0.00	0.00	10.00
11.00	Standard travel allowance (columns 1 and 2, one-half of column 2, line 10; column 3, one-half of column 3, line 10)	39.12	39.12	0.00			11.00
12.00	Number of travel hours (provider site)	0	0	0			12.00
12.01	Number of travel hours (offsite)	0	0	0			12.01
13.00	Number of miles driven (provider site)	0	0	0			13.00
13.01	Number of miles driven (offsite)	0	0	0			13.01
							1.00
Part II - SALARY EQUIVALENCY COMPUTATION							
14.00	Supervisors (column 1, line 9 times column 1, line 10)					0	14.00
15.00	Therapists (column 2, line 9 times column 2, line 10)					57,585	15.00
16.00	Assistants (column 3, line 9 times column 3, line 10)					0	16.00
17.00	Subtotal allowance amount (sum of lines 14 and 15 for respiratory therapy or lines 14-16 for all others)					57,585	17.00
18.00	Aides (column 4, line 9 times column 4, line 10)					0	18.00
19.00	Trainees (column 5, line 9 times column 5, line 10)					0	19.00
20.00	Total allowance amount (sum of lines 17-19 for respiratory therapy or lines 17 and 18 for all others)					57,585	20.00
If the sum of columns 1 and 2 for respiratory therapy or columns 1-3 for physical therapy, speech pathology or occupational therapy, line 9, is greater than line 2, make no entries on lines 21 and 22 and enter on line 23 the amount from line 20. Otherwise complete lines 21-23.							
21.00	Weighted average rate excluding aides and trainees (line 17 divided by sum of columns 1 and 2, line 9 for respiratory therapy or columns 1 thru 3, line 9 for all others)					0.00	21.00
22.00	Weighted allowance excluding aides and trainees (line 2 times line 21)					0	22.00
23.00	Total salary equivalency (see instructions)					57,585	23.00
PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE							
Standard Travel Allowance							
24.00	Therapists (line 3 times column 2, line 11)					3,599	24.00
25.00	Assistants (line 4 times column 3, line 11)					0	25.00
26.00	Subtotal (line 24 for respiratory therapy or sum of lines 24 and 25 for all others)					3,599	26.00
27.00	Standard travel expense (line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others)					530	27.00
28.00	Total standard travel allowance and standard travel expense at the provider site (sum of lines 26 and 27)					4,129	28.00
Optional Travel Allowance and Optional Travel Expense							
29.00	Therapists (column 2, line 10 times the sum of columns 1 and 2, line 12)					0	29.00
30.00	Assistants (column 3, line 10 times column 3, line 12)					0	30.00
31.00	Subtotal (line 29 for respiratory therapy or sum of lines 29 and 30 for all others)					0	31.00
32.00	Optional travel expense (line 8 times columns 1 and 2, line 13 for respiratory therapy or sum of columns 1-3, line 13 for all others)					0	32.00
33.00	Standard travel allowance and standard travel expense (line 28)					4,129	33.00
34.00	Optional travel allowance and standard travel expense (sum of lines 27 and 31)					0	34.00
35.00	Optional travel allowance and optional travel expense (sum of lines 31 and 32)					0	35.00
Part IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE							
Standard Travel Expense							
36.00	Therapists (line 5 times column 2, line 11)					0	36.00
37.00	Assistants (line 6 times column 3, line 11)					0	37.00
38.00	Subtotal (sum of lines 36 and 37)					0	38.00
39.00	Standard travel expense (line 7 times the sum of lines 5 and 6)					0	39.00
Optional Travel Allowance and Optional Travel Expense							
40.00	Therapists (sum of columns 1 and 2, line 12.01 times column 2, line 10)					0	40.00
41.00	Assistants (column 3, line 12.01 times column 3, line 10)					0	41.00
42.00	Subtotal (sum of lines 40 and 41)					0	42.00
43.00	Optional travel expense (line 8 times the sum of columns 1-3, line 13.01)					0	43.00
Total Travel Allowance and Travel Expense - Offsite Services; Complete one of the following three lines 44, 45, or 46, as appropriate.							
44.00	Standard travel allowance and standard travel expense (sum of lines 38 and 39 - see instructions)					0	44.00
45.00	Optional travel allowance and standard travel expense (sum of lines 39 and 42 - see instructions)					0	45.00
46.00	Optional travel allowance and optional travel expense (sum of lines 42 and 43 - see instructions)					0	46.00

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY
OUTSIDE SUPPLIERS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet A-8-3
Parts I-VI
Date/Time Prepared:
5/25/2021 9:19 am

		Speech Pathology				Cost	
		Therapists	Assistants	Aides	Trainees	Total	
		1.00	2.00	3.00	4.00	5.00	
PART V - OVERTIME COMPUTATION							
47.00	Overtime hours worked during reporting period (if column 5, line 47, is zero or equal to or greater than 2,080, do not complete lines 48-55 and enter zero in each column of line 56)	0.00	0.00	0.00	0.00	0.00	47.00
48.00	Overtime rate (see instructions)	0.00	0.00	0.00	0.00		48.00
49.00	Total overtime (including base and overtime allowance) (multiply line 47 times line 48)	0.00	0.00	0.00	0.00		49.00
CALCULATION OF LIMIT							
50.00	Percentage of overtime hours by category (divide the hours in each column on line 47 by the total overtime worked - column 5, line 47)	0.00	0.00	0.00	0.00	0.00	50.00
51.00	Allocation of provider's standard work year for one full-time employee times the percentages on line 50) (see instructions)	0.00	0.00	0.00	0.00	0.00	51.00
DETERMINATION OF OVERTIME ALLOWANCE							
52.00	Adjusted hourly salary equivalency amount (see instructions)	78.24	0.00	0.00	0.00		52.00
53.00	Overtime cost limitation (line 51 times line 52)	0	0	0	0		53.00
54.00	Maximum overtime cost (enter the lesser of line 49 or line 53)	0	0	0	0		54.00
55.00	Portion of overtime already included in hourly computation at the AHSEA (multiply line 47 times line 52)	0	0	0	0		55.00
56.00	Overtime allowance (line 54 minus line 55 - if negative enter zero) (Enter in column 5 the sum of columns 1, 3, and 4 for respiratory therapy and columns 1 through 3 for all others.)	0	0	0	0	0	56.00
						1.00	
Part VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT							
57.00	Salary equivalency amount (from line 23)					57,585	57.00
58.00	Travel allowance and expense - provider site (from lines 33, 34, or 35))					4,129	58.00
59.00	Travel allowance and expense - Offsite services (from lines 44, 45, or 46)					0	59.00
60.00	Overtime allowance (from column 5, line 56)					0	60.00
61.00	Equipment cost (see instructions)					0	61.00
62.00	Supplies (see instructions)					0	62.00
63.00	Total allowance (sum of lines 57-62)					61,714	63.00
64.00	Total cost of outside supplier services (from your records)					54,629	64.00
65.00	Excess over limitation (line 64 minus line 63 - if negative, enter zero)					0	65.00
LINE 33 CALCULATION							
100.00	Line 26 = line 24 for respiratory therapy or sum of lines 24 and 25 for all others					3,599	100.00
100.01	Line 27 = line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others					530	100.01
100.02	Line 33 = line 28 = sum of lines 26 and 27					4,129	100.02
LINE 34 CALCULATION							
101.00	Line 27 = line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others					530	101.00
101.01	Line 31 = line 29 for respiratory therapy or sum of lines 29 and 30 for all others					0	101.01
101.02	Line 34 = sum of lines 27 and 31					530	101.02
LINE 35 CALCULATION							
102.00	Line 31 = line 29 for respiratory therapy or sum of lines 29 and 30 for all others					0	102.00
102.01	Line 32 = line 8 times columns 1 and 2, line 13 for respiratory therapy or sum of columns 1-3, line 13 for all others					0	102.01
102.02	Line 35 = sum of lines 31 and 32					0	102.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	OB UNIT - BLDG & FIXT	B&F - ONARGA RHC	B&F - FARMER CITY RURAL HEALTH CLIN	
		0	1.00	1.01	1.02	1.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,154,934	1,154,934			1.00
1.01	00101	OB UNIT - BLDG & FIXT	306,374	0	306,374		1.01
1.02	00102	B&F - ONARGA RHC	8,407	0	0	8,407	1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN	11,670	0	0	0	1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC	69,347	0	0	0	1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC	15,831	0	0	0	1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	156,170	0	0	0	1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	51,720	0	0	0	1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	11,744	0	0	0	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	673	0	0	0	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	7,104	0	0	0	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	6,836	0	0	0	1.15
1.16	00116	B&F - AMBULANCE BUILDING	24,790	0	0	0	1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	35,703	0	0	0	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	6,685	0	0	0	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	4,461	0	0	0	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	10,836	0	0	0	1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	2,519	0	0	0	1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	14,783	0	0	0	1.22
1.25	00125	B&F - HARMS HOUSE/IT	29,665	0	0	0	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	8,056	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	7,344	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	12,878	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,997,705				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,009,978	6,655	0	0	4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE	2,479,311	0	0	0	5.01
5.02	00501	ALL OTHER ADMIN & GENERAL	11,942,915	177,634	9,584	0	5.02
7.00	00700	OPERATION OF PLANT	1,577,416	168,355	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	443,072	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	257,525	18,042	0	0	8.00
9.00	00900	HOUSEKEEPING	557,493	8,001	2,520	0	9.00
10.00	01000	DIETARY	581,090	21,556	0	0	10.00
11.00	01100	CAFETERIA	313,679	11,280	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	825,933	3,034	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	328,966	30,400	0	0	14.00
15.00	01500	PHARMACY	966,795	8,834	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	379,500	15,275	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,759,082	124,464	187,852	0	30.00
31.00	03100	INTENSIVE CARE UNIT	62,689	9,475	0	0	31.00
43.00	04300	NURSERY	505,220	0	19,199	0	43.00
44.00	04400	SKILLED NURSING FACILITY	135,464	6,826	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	1,695,381	139,141	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,120,048	116,677	13,722	0	50.00
51.00	05100	RECOVERY ROOM	381,395	15,702	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	166,556	6,687	59,806	0	52.00
53.00	05300	ANESTHESIOLOGY	143,496	951	13,691	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,480,926	54,648	0	0	54.00
56.00	05600	RADIOISOTOPE	199,682	3,472	0	0	56.00
60.00	06000	LABORATORY	2,497,950	19,216	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	66,540	3,952	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	4,251	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	482,758	3,621	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,421,559	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	279,037	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	54,933	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	37,966	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,285,746	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,364,302	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,449,751	0	0	0	73.00
73.01	07301	CARDIAC REHAB	57,463	0	0	0	73.01
73.02	07302	WOUND CARE	365,757	9,966	0	0	73.02
73.03	07303	SLEEP LAB	98,593	7,659	0	0	73.03
73.04	03950	DIETARY EDUCATION	77,645	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	15,250,382	0	0	8,407	88.00
90.00	09000	CLINIC	284,281	10,415	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	OB UNIT - BLDG & FIXT	B&F - ONARGA RHC	B&F - FARMER CITY RURAL HEALTH CLIN	
			0	1.00	1.01	1.02	1.04	
90.01	09001	GERI PSYCH CLINIC	277,890	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	1,034,504	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	499,039	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	262,910	0	0	0	0	90.04
91.00	09100	EMERGENCY	2,429,742	55,129	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,974,219	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	85,822,814	1,061,318	306,374	8,407	11,670	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	812	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	251,361	1,891	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	283,386	21,534	0	0	0	194.02
194.03	07953	WELLNESS CENTER	157,753	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	1,184,524	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	48,704	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	168,859	0	0	0	0	194.07
194.08	07958	340B PHARMACY	254,051	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	137,859	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	640,449	14,517	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	6,215	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	894,578	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	1,658,001	0	0	0	0	194.17
194.18	07968	GAFM	539,452	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	119,366	11,483	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	483,851	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	389,878	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	159,785	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	764,390	24,579	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	2,720,123	18,800	0	0	0	194.27
194.28	07978	CP THERAPY	17,102	0	0	0	0	194.28
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)	96,702,501	1,154,934	306,374	8,407	11,670	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - HOOPESTON RURAL HEALTH CLINIC	B&F - FORREST RURAL HEALTH CLINIC	B&F - PAXTON RURAL HEALTH CLINIC	B&F - MAHOMET SPECIALTY CLINIC	B&F - POTOMAC RURAL HEALTH CLINIC	
			1.05	1.07	1.09	1.10	1.11	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC	69,347					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC	0	15,831				1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	0	0	156,170			1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	51,720		1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	0	11,744	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	0	0	0	0	0	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	0	0	0	0	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	0	1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	0	0	0	0	1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	0	0	0	0	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	0	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	0	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	0	1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	0	1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	0	1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	69,347	15,831	156,170	51,720	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - HOOPESTON RURAL HEALTH CLINIC	B&F - FORREST RURAL HEALTH CLINIC	B&F - PAXTON RURAL HEALTH CLINIC	B&F - MAHOMET SPECIALTY CLINIC	B&F - POTOMAC RURAL HEALTH CLINIC	
			1.05	1.07	1.09	1.10	1.11	
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	69,347	15,831	156,170	51,720	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	6,988	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	4,756	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
194.28	07978	CP THERAPY	0	0	0	0	0	194.28
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)	69,347	15,831	156,170	51,720	11,744	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - PAXTON WELLNESS CENTER	B&F - PAXTON AMBULANCE STATION	B&F - AMBULANCE STAFF RESIDENCE	B&F - AMBULANCE BUILDING	B&F - # 10 DOCTOR'S PARK	
			1.12	1.14	1.15	1.16	1.17	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	673					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	7,104				1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	0	6,836			1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	0	0	24,790		1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	0	0	0	35,703	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	0	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	0	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	0	1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	0	1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	0	1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	33	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	17,851	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - PAXTON WELLNESS CENTER	B&F - PAXTON AMBULANCE STATION	B&F - AMBULANCE STAFF RESIDENCE	B&F - AMBULANCE BUILDING	B&F - # 10 DOCTOR'S PARK	
			1.12	1.14	1.15	1.16	1.17	
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	17,819	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	7,104	6,836	24,790	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	7,104	6,836	24,790	35,703	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	673	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
194.28	07978	CP THERAPY	0	0	0	0	0	194.28
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)	673	7,104	6,836	24,790	35,703	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - COSMETOLOGY OFFICE	B&F - ANESTHESIA HOUSE	B&F - #7 DOCTOR'S PARK	B&F - #4 DOCTOR'S PARK	B&F - #8 DOCTOR'S PARK	
			1.18	1.19	1.20	1.21	1.22	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	6,685					1.18
1.19	00119	B&F - ANESTHESIA HOUSE	0	4,461				1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	10,836			1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	2,519		1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	14,783	1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		4,461	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	7,254	0	14,783	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	1,259	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	0	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - COSMETOLOGY OFFICE	B&F - ANESTHESIA HOUSE	B&F - #7 DOCTOR'S PARK	B&F - #4 DOCTOR'S PARK	B&F - #8 DOCTOR'S PARK	
			1.18	1.19	1.20	1.21	1.22	
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,461	7,254	1,259	14,783	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	6,685	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	1,260	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	3,582	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
194.28	07978	CP THERAPY	0	0	0	0	0	194.28
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,685	4,461	10,836	2,519	14,783	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - HARMS HOUSE/IT	B&F - 9TH ST. EDUCATION HOUSE	B&F - FALCON POINT RESIDENCE	B&F - 2012 NEW STORAGE SHED	MVBLE EQUIP	
			1.25	1.26	1.27	1.28	2.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT	29,665					1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	8,056				1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	7,344			1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	12,878		1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2,997,705	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	6,350	4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	1,711	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	29,665	8,056	0	12,878	1,066,633	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	13,335	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	9,384	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	836	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	16,447	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	2,752	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	17,847	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	289,424	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	16,309	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	773,939	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	75,121	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	17,630	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	1,222	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,367	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	5,939	73.01
73.02	07302	WOUND CARE	0	0	0	0	10,979	73.02
73.03	07303	SLEEP LAB	0	0	0	0	6,176	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	54,398	88.00
90.00	09000	CLINIC	0	0	0	0	4,222	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	45,167	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - HARMS HOUSE/IT	B&F - 9TH ST. EDUCATION HOUSE	B&F - FALCON POINT RESIDENCE	B&F - 2012 NEW STORAGE SHED	MVBLE EQUIP	
			1.25	1.26	1.27	1.28	2.00	
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	75,110	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	34,716	90.04
91.00	09100	EMERGENCY	0	0	0	0	27,808	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	314,791	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,665	8,056	0	12,878	2,889,613	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	7,344	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	55,600	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	13,483	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	35,770	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	3,239	194.27
194.28	07978	CP THERAPY	0	0	0	0	0	194.28
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	29,665	8,056	7,344	12,878	2,997,705	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	ALL OTHER ADMIN & GENERAL	
			4.00	4A	5.01	5A.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,022,983					4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE	623,168	3,104,190	3,104,190			5.01
5.02	00501	ALL OTHER ADMIN & GENERAL	2,124,507	15,371,872	0	15,371,872	15,371,872	5.02
7.00	00700	OPERATION OF PLANT	266,138	2,025,244	0	2,025,244	382,781	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	19,835	462,907	0	462,907	87,492	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	110,048	394,999	0	394,999	74,657	8.00
9.00	00900	HOUSEKEEPING	178,506	746,553	0	746,553	141,102	9.00
10.00	01000	DIETARY	129,695	733,177	0	733,177	138,574	10.00
11.00	01100	CAFETERIA	78,763	403,722	0	403,722	76,305	11.00
13.00	01300	NURSING ADMINISTRATION	294,537	1,123,504	0	1,123,504	212,348	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	359,366	0	359,366	67,922	14.00
15.00	01500	PHARMACY	250,429	1,226,058	0	1,226,058	231,731	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	110,897	505,672	0	505,672	95,575	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	993,493	4,081,338	314,973	4,396,311	830,925	30.00
31.00	03100	INTENSIVE CARE UNIT	21,466	96,382	7,438	103,820	19,622	31.00
43.00	04300	NURSERY	174,783	699,202	53,960	753,162	142,351	43.00
44.00	04400	SKILLED NURSING FACILITY	49,040	191,330	0	191,330	36,162	44.00
46.00	04600	OTHER LONG TERM CARE	594,597	2,446,966	0	2,446,966	462,489	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	779,714	4,319,585	333,360	4,652,945	879,430	50.00
51.00	05100	RECOVERY ROOM	141,145	538,242	41,538	579,780	109,581	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	57,621	290,670	22,432	313,102	59,178	52.00
53.00	05300	ANESTHESIOLOGY	0	178,908	13,807	192,715	36,424	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	581,606	3,891,119	300,293	4,191,412	792,198	54.00
56.00	05600	RADIOISOTOPE	37,473	240,627	18,570	259,197	48,990	56.00
60.00	06000	LABORATORY	415,623	3,007,910	232,132	3,240,042	612,384	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	70,492	5,440	75,932	14,352	63.00
64.00	06400	INTRAVENOUS THERAPY	0	4,251	328	4,579	865	64.00
65.00	06500	RESPIRATORY THERAPY	156,762	660,771	50,994	711,765	134,527	65.00
66.00	06600	PHYSICAL THERAPY	526,108	1,966,740	151,781	2,118,521	400,411	66.00
67.00	06700	OCCUPATIONAL THERAPY	109,536	388,573	29,988	418,561	79,110	67.00
68.00	06800	SPEECH PATHOLOGY	120	55,053	4,249	59,302	11,208	68.00
69.00	06900	ELECTROCARDIOLOGY	11,304	50,637	3,908	54,545	10,309	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,285,746	99,226	1,384,972	261,767	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,364,302	336,802	4,701,104	888,532	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,449,751	111,883	1,561,634	295,157	73.00
73.01	07301	CARDIAC REHAB	21,143	84,545	6,525	91,070	17,213	73.01
73.02	07302	WOUND CARE	115,756	502,458	38,777	541,235	102,296	73.02
73.03	07303	SLEEP LAB	33,751	146,179	11,281	157,460	29,761	73.03
73.04	03950	DIETARY EDUCATION	0	77,645	5,992	83,637	15,808	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	1,575,090	17,215,052	0	17,215,052	3,253,706	88.00
90.00	09000	CLINIC	97,387	396,305	30,584	426,889	80,684	90.00
90.01	09001	GERI PSYCH CLINIC	60,751	339,900	26,231	366,131	69,201	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	250,091	1,347,581	103,998	1,451,579	274,356	90.02
90.03	09003	GENERAL SURGERY CLINIC	77,768	651,917	50,311	702,228	132,725	90.03
90.04	09004	GAPC AND #3 CLINIC	49,616	347,242	26,798	374,040	70,695	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	ALL OTHER ADMIN & GENERAL	
			4.00	4A	5.01	5A.01	5.02	
91.00	09100	EMERGENCY	515,125	3,027,804	233,668	3,261,472	616,435	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		0		92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	743,846	3,071,586	0	3,071,586	580,545	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,377,238	83,944,073	2,667,267	83,507,150	12,877,884	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	812	0	812	153	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	38,920	292,172	0	292,172	55,222	192.02
194.00	07950	FALCON POINT RENTAL	0	7,344	0	7,344	1,388	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	18,263	329,868	25,457	355,325	67,158	194.02
194.03	07953	WELLNESS CENTER	52,117	210,543	0	210,543	39,794	194.03
194.04	07954	PSYCH CLINIC	262,109	1,454,881	112,279	1,567,160	296,201	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	48,704	3,759	52,463	9,916	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	407	169,266	13,063	182,329	34,461	194.07
194.08	07958	340B PHARMACY	0	254,051	0	254,051	48,017	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	49,974	187,833	0	187,833	35,501	194.10
194.11	07961	PULMONARY CLINIC	20,799	675,765	52,151	727,916	137,580	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	10,971	847	11,818	2,234	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	144,045	1,042,205	80,431	1,122,636	212,184	194.16
194.17	07967	ELITE PERFORMANCE	582,454	2,296,055	0	2,296,055	433,966	194.17
194.18	07968	GAFM	43,702	583,154	45,004	628,158	118,725	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	18,514	149,363	11,527	160,890	30,409	194.20
194.21	07971	FAMILY H.C. FAIRBURY	53,731	537,582	41,487	579,069	109,447	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	44,259	447,620	34,545	482,165	91,132	194.22
194.23	07973	WEEKEND CLINIC AT GAH	29,909	189,694	14,639	204,333	38,620	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	116,755	941,494	0	941,494	177,947	194.26
194.27	07977	RETAIL PHARMACY	164,423	2,906,585	0	2,906,585	549,359	194.27
194.28	07978	CP THERAPY	5,364	22,466	1,734	24,200	4,574	194.28
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	14,022,983	96,702,501	3,104,190	96,702,501	15,371,872	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT-OUTSIDE PROPERTY	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			7.00	7.01	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00501	ALL OTHER ADMIN & GENERAL						5.02
7.00	00700	OPERATION OF PLANT	2,408,025					7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	550,399				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	49,018	0	518,674			8.00
9.00	00900	HOUSEKEEPING	24,088	44	110,526	1,022,313		9.00
10.00	01000	DIETARY	58,566	0	17,299	23,981	971,597	10.00
11.00	01100	CAFETERIA	30,647	0	22,456	12,549	0	11.00
13.00	01300	NURSING ADMINISTRATION	8,242	0	0	3,375	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	82,596	0	0	33,820	0	14.00
15.00	01500	PHARMACY	24,001	0	0	9,828	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	41,501	0	0	16,993	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	513,367	0	96,093	210,207	179,405	30.00
31.00	03100	INTENSIVE CARE UNIT	25,742	0	1,409	10,541	754	31.00
43.00	04300	NURSERY	17,906	0	1,565	7,332	0	43.00
44.00	04400	SKILLED NURSING FACILITY	18,545	0	25,227	7,594	41,632	44.00
46.00	04600	OTHER LONG TERM CARE	378,038	0	118,787	154,794	488,289	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	329,804	0	48,701	135,044	0	50.00
51.00	05100	RECOVERY ROOM	42,662	0	0	17,469	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	73,948	0	6,359	30,279	0	52.00
53.00	05300	ANESTHESIOLOGY	51,630	4,220	0	21,141	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	148,475	0	16,967	60,796	0	54.00
56.00	05600	RADIOISOTOPE	9,432	0	0	3,862	0	56.00
60.00	06000	LABORATORY	52,210	0	0	21,378	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	10,738	0	0	4,397	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,551	0	0	4,730	0	65.00
66.00	06600	PHYSICAL THERAPY	9,838	23,867	29,166	4,029	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	27,077	0	0	11,087	0	73.02
73.03	07303	SLEEP LAB	20,809	0	0	8,520	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	194,309	0	0	0	88.00
90.00	09000	CLINIC	28,296	0	0	11,586	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	6,806	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	23,823	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	13,611	0	0	0	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT-OUTSIDE PROPERTY	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			7.00	7.01	8.00	9.00	10.00	
91.00	09100	EMERGENCY	149,781	0	22,888	61,331	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	37,383	1,231	66,239	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,238,508	304,063	518,674	952,902	710,080	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,206	0	0	903	261,517	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	5,137	0	0	2,103	0	192.02
194.00	07950	FALCON POINT RENTAL	55,954	6,509	0	22,911	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	6,806	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	5,246	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	23,631	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	16,231	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	39,441	0	0	16,150	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	6,414	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	134,704	0	0	0	194.17
194.18	07968	GAFM	0	6,252	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	3,629	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	10,127	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	20,846	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	66,779	0	0	27,344	0	194.26
194.27	07977	RETAIL PHARMACY	0	5,941	0	0	0	194.27
194.28	07978	CP THERAPY	0	0	0	0	0	194.28
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,408,025	550,399	518,674	1,022,313	971,597	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00501	ALL OTHER ADMIN & GENERAL						5.02
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	545,679					11.00
13.00	01300	NURSING ADMINISTRATION	14,725	1,362,194				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	543,704			14.00
15.00	01500	PHARMACY	14,167	0	3,992	1,509,777		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,986	0	69	0	672,796	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	80,750	431,825	9,334	3,336	116,771	30.00
31.00	03100	INTENSIVE CARE UNIT	1,395	7,318	6	10	838	31.00
43.00	04300	NURSERY	13,308	71,885	0	0	12,972	43.00
44.00	04400	SKILLED NURSING FACILITY	5,130	0	0	0	2,232	44.00
46.00	04600	OTHER LONG TERM CARE	60,166	0	2,959	240	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	75,900	403,430	37,036	29,657	81,769	50.00
51.00	05100	RECOVERY ROOM	14,832	78,895	919	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,379	23,731	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	12,299	0	1,122	9,879	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,084	0	1,054	5,953	232,222	54.00
56.00	05600	RADIOISOTOPE	6,225	0	92	143	0	56.00
60.00	06000	LABORATORY	52,567	0	3,487	130	106,990	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	13,566	72,153	138	10	1,797	65.00
66.00	06600	PHYSICAL THERAPY	42,608	0	321	666	24,597	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,998	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,082	0	7	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	102,390	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	347,551	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,264,364	0	73.00
73.01	07301	CARDIAC REHAB	2,984	15,821	73	0	5,859	73.01
73.02	07302	WOUND CARE	8,715	46,338	960	855	1,294	73.02
73.03	07303	SLEEP LAB	3,155	16,742	22	0	858	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	17,607	110,108	0	88.00
90.00	09000	CLINIC	9,101	48,389	973	301	8,688	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	21	0	429	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	2,559	43,537	1,394	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	255	770	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	586	14,206	0	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
91.00	09100	EMERGENCY	27,411	145,667	4,515	1,296	74,086	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	814	8,269	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	543,533	1,362,194	538,862	1,493,730	672,796	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	2,146	0	3	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	38	3,502	0	194.02
194.03	07953	WELLNESS CENTER	0	0	57	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	116	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	17	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	5	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	198	127	0	194.17
194.18	07968	GAFM	0	0	2,318	2,982	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	162	4,288	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	357	214	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	1,038	3,989	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	126	941	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	331	4	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	76	0	0	194.27
194.28	07978	CP THERAPY	0	0	0	0	0	194.28
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)	545,679	1,362,194	543,704	1,509,777	672,796	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	OB UNIT - BLDG & FIXT				1.01
1.02	00102	B&F - ONARGA RHC				1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN				1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC				1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC				1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC				1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC				1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC				1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER				1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION				1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE				1.15
1.16	00116	B&F - AMBULANCE BUILDING				1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK				1.17
1.18	00118	B&F - COSMETOLOGY OFFICE				1.18
1.19	00119	B&F - ANESTHESIA HOUSE				1.19
1.20	00120	B&F - #7 DOCTOR'S PARK				1.20
1.21	00121	B&F - #4 DOCTOR'S PARK				1.21
1.22	00122	B&F - #8 DOCTOR'S PARK				1.22
1.25	00125	B&F - HARMS HOUSE/IT				1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE				1.26
1.27	00127	B&F - FALCON POINT RESIDENCE				1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED				1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE				5.01
5.02	00501	ALL OTHER ADMIN & GENERAL				5.02
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,868,324	-397,514	6,470,810	30.00
31.00	03100	INTENSIVE CARE UNIT	171,455	0	171,455	31.00
43.00	04300	NURSERY	1,020,481	0	1,020,481	43.00
44.00	04400	SKILLED NURSING FACILITY	327,852	0	327,852	44.00
46.00	04600	OTHER LONG TERM CARE	4,112,728	0	4,112,728	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,673,716	0	6,673,716	50.00
51.00	05100	RECOVERY ROOM	844,138	0	844,138	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	510,976	0	510,976	52.00
53.00	05300	ANESTHESIOLOGY	329,430	0	329,430	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,507,161	0	5,507,161	54.00
56.00	05600	RADIOISOTOPE	327,941	0	327,941	56.00
60.00	06000	LABORATORY	4,089,188	0	4,089,188	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	90,284	0	90,284	63.00
64.00	06400	INTRAVENOUS THERAPY	20,579	345,245	365,824	64.00
65.00	06500	RESPIRATORY THERAPY	950,237	0	950,237	65.00
66.00	06600	PHYSICAL THERAPY	2,654,024	0	2,654,024	66.00
67.00	06700	OCCUPATIONAL THERAPY	504,669	0	504,669	67.00
68.00	06800	SPEECH PATHOLOGY	70,510	0	70,510	68.00
69.00	06900	ELECTROCARDIOLOGY	66,943	0	66,943	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,749,129	0	1,749,129	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,937,187	0	5,937,187	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,121,155	0	3,121,155	73.00
73.01	07301	CARDIAC REHAB	133,020	0	133,020	73.01
73.02	07302	WOUND CARE	739,857	0	739,857	73.02
73.03	07303	SLEEP LAB	237,327	0	237,327	73.03
73.04	03950	DIETARY EDUCATION	99,445	0	99,445	73.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	20,790,782	0	20,790,782	88.00
90.00	09000	CLINIC	614,907	0	614,907	90.00
90.01	09001	GERI PSYCH CLINIC	442,588	0	442,588	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	1,797,248	0	1,797,248	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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5/25/2021 9:19 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
90.03	09003	GENERAL SURGERY CLINIC	835,978	0	835,978	90.03
90.04	09004	GAPC AND #3 CLINIC	473,138	0	473,138	90.04
91.00	09100	EMERGENCY	4,364,882	0	4,364,882	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	52,269	52,269	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	3,766,067	0	3,766,067	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	80,243,346	0	80,243,346	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	265,591	0	265,591	190.00
192.01	19201	GAH - MSO	0	0	0	192.01
192.02	19202	GAH FOUNDATION	356,783	0	356,783	192.02
194.00	07950	FALCON POINT RENTAL	94,106	0	94,106	194.00
194.01	07951	PHYSICIAN OFFICE	6,806	0	6,806	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	431,269	0	431,269	194.02
194.03	07953	WELLNESS CENTER	274,025	0	274,025	194.03
194.04	07954	PSYCH CLINIC	1,879,708	0	1,879,708	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	62,379	0	62,379	194.05
194.06	07956	LASER CLINIC	0	0	0	194.06
194.07	07957	PAIN CLINIC	216,790	0	216,790	194.07
194.08	07958	340B PHARMACY	302,068	0	302,068	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	194.09
194.10	07960	WIC	223,334	0	223,334	194.10
194.11	07961	PULMONARY CLINIC	921,104	0	921,104	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	20,471	0	20,471	194.12
194.13	07963	PODIATRY	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	194.15
194.16	07966	FHGC	1,334,820	0	1,334,820	194.16
194.17	07967	ELITE PERFORMANCE	2,865,050	0	2,865,050	194.17
194.18	07968	GAFM	758,435	0	758,435	194.18
194.19	07969	GAPC	0	0	0	194.19
194.20	07970	FHCF	199,378	0	199,378	194.20
194.21	07971	FAMILY H.C. FAIRBURY	699,214	0	699,214	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	599,170	0	599,170	194.22
194.23	07973	WEEKEND CLINIC AT GAH	244,020	0	244,020	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	194.25
194.26	07976	DENTAL CLINIC	1,213,899	0	1,213,899	194.26
194.27	07977	RETAIL PHARMACY	3,461,961	0	3,461,961	194.27
194.28	07978	CP THERAPY	28,774	0	28,774	194.28
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	96,702,501	0	96,702,501	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	OB UNIT - BLDG & FIXT	B&F - ONARGA RHC	B&F - FARMER CITY RURAL HEALTH CLIN	
0			1.00	1.01	1.02	1.04		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	6,655	0	0	0	4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	177,634	9,584	0	0	5.02
7.00	00700	OPERATION OF PLANT	0	168,355	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	18,042	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	8,001	2,520	0	0	9.00
10.00	01000	DIETARY	0	21,556	0	0	0	10.00
11.00	01100	CAFETERIA	0	11,280	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	3,034	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	30,400	0	0	0	14.00
15.00	01500	PHARMACY	0	8,834	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	15,275	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	124,464	187,852	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,475	0	0	0	31.00
43.00	04300	NURSERY	0	0	19,199	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	6,826	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	139,141	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	116,677	13,722	0	0	50.00
51.00	05100	RECOVERY ROOM	0	15,702	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,687	59,806	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	951	13,691	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54,648	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	3,472	0	0	0	56.00
60.00	06000	LABORATORY	0	19,216	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,952	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	4,251	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,621	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	9,966	0	0	0	73.02
73.03	07303	SLEEP LAB	0	7,659	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	8,407	11,670	88.00
90.00	09000	CLINIC	0	10,415	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	OB UNIT - BLDG & FIXT	B&F - ONARGA RHC	B&F - FARMER CITY RURAL HEALTH CLIN	
				1.00	1.01	1.02	1.04	
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	55,129	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,061,318	306,374	8,407	11,670	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	812	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	1,891	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	21,534	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	14,517	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	11,483	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	24,579	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	18,800	0	0	0	194.27
194.28	07978	CP THERAPY	0	0	0	0	0	194.28
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,154,934	306,374	8,407	11,670	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - HOOPESTON RURAL HEALTH CLINIC	B&F - FORREST RURAL HEALTH CLINIC	B&F - PAXTON RURAL HEALTH CLINIC	B&F - MAHOMET SPECIALTY CLINIC	B&F - POTOMAC RURAL HEALTH CLINIC	
			1.05	1.07	1.09	1.10	1.11	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	69,347	15,831	156,170	51,720	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - HOOPESTON RURAL HEALTH CLINIC	B&F - FORREST RURAL HEALTH CLINIC	B&F - PAXTON RURAL HEALTH CLINIC	B&F - MAHOMET SPECIALTY CLINIC	B&F - POTOMAC RURAL HEALTH CLINIC	
			1.05	1.07	1.09	1.10	1.11	
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	69,347	15,831	156,170	51,720	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	6,988	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	4,756	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
194.28	07978	CP THERAPY	0	0	0	0	0	194.28
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)	69,347	15,831	156,170	51,720	11,744	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - PAXTON WELLNESS CENTER	B&F - PAXTON AMBULANCE STATION	B&F - AMBULANCE STAFF RESIDENCE	B&F - AMBULANCE BUILDING	B&F - # 10 DOCTOR'S PARK	
			1.12	1.14	1.15	1.16	1.17	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	33	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	17,851	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - PAXTON WELLNESS CENTER	B&F - PAXTON AMBULANCE STATION	B&F - AMBULANCE STAFF RESIDENCE	B&F - AMBULANCE BUILDING	B&F - # 10 DOCTOR'S PARK	
			1.12	1.14	1.15	1.16	1.17	
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	17,819	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	7,104	6,836	24,790	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	7,104	6,836	24,790	35,703	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	673	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
194.28	07978	CP THERAPY	0	0	0	0	0	194.28
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)	673	7,104	6,836	24,790	35,703	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - COSMETOLOGY OFFICE	B&F - ANESTHESIA HOUSE	B&F - #7 DOCTOR'S PARK	B&F - #4 DOCTOR'S PARK	B&F - #8 DOCTOR'S PARK	
			1.18	1.19	1.20	1.21	1.22	
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	4,461	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	7,254	0	14,783	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	1,259	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	0	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - COSMETOLOGY OFFICE	B&F - ANESTHESIA HOUSE	B&F - #7 DOCTOR'S PARK	B&F - #4 DOCTOR'S PARK	B&F - #8 DOCTOR'S PARK	
			1.18	1.19	1.20	1.21	1.22	
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,461	7,254	1,259	14,783	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	6,685	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	1,260	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	3,582	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
194.28	07978	CP THERAPY	0	0	0	0	0	194.28
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,685	4,461	10,836	2,519	14,783	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - HARMS HOUSE/IT	B&F - 9TH ST. EDUCATION HOUSE	B&F - FALCON POINT RESIDENCE	B&F - 2012 NEW STORAGE SHED	MVBLE EQUIP	
			1.25	1.26	1.27	1.28	2.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	6,350	4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	1,711	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	29,665	8,056	0	12,878	1,066,633	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	13,335	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	9,384	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	836	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	16,447	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	2,752	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	17,847	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	289,424	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	16,309	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	773,939	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	75,121	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	17,630	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	1,222	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,367	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	5,939	73.01
73.02	07302	WOUND CARE	0	0	0	0	10,979	73.02
73.03	07303	SLEEP LAB	0	0	0	0	6,176	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	54,398	88.00
90.00	09000	CLINIC	0	0	0	0	4,222	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	45,167	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - HARMS HOUSE/IT	B&F - 9TH ST. EDUCATION HOUSE	B&F - FALCON POINT RESIDENCE	B&F - 2012 NEW STORAGE SHED	MVBLE EQUIP	
			1.25	1.26	1.27	1.28	2.00	
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	75,110	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	34,716	90.04
91.00	09100	EMERGENCY	0	0	0	0	27,808	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	314,791	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,665	8,056	0	12,878	2,889,613	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	7,344	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	55,600	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	13,483	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	35,770	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	3,239	194.27
194.28	07978	CP THERAPY	0	0	0	0	0	194.28
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	29,665	8,056	7,344	12,878	2,997,705	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACC OUNTS RECEIVABLE	ALL OTHER ADMIN & GENERAL	OPERATION OF PLANT	
			2A	4.00	5.01	5.02	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,005	13,005				4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE	1,711	578	2,289			5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	1,304,450	1,970	0	1,306,420		5.02
7.00	00700	OPERATION OF PLANT	181,690	247	0	32,531	214,468	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	18	0	7,436	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	27,426	102	0	6,345	4,366	8.00
9.00	00900	HOUSEKEEPING	10,554	166	0	11,992	2,145	9.00
10.00	01000	DIETARY	22,392	120	0	11,777	5,216	10.00
11.00	01100	CAFETERIA	11,280	73	0	6,485	2,730	11.00
13.00	01300	NURSING ADMINISTRATION	3,034	273	0	18,047	734	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	30,400	0	0	5,772	7,356	14.00
15.00	01500	PHARMACY	8,834	232	0	19,694	2,138	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15,275	103	0	8,123	3,696	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	328,763	922	233	70,618	45,721	30.00
31.00	03100	INTENSIVE CARE UNIT	12,227	20	5	1,668	2,293	31.00
43.00	04300	NURSERY	19,199	162	40	12,098	1,595	43.00
44.00	04400	SKILLED NURSING FACILITY	6,826	45	0	3,073	1,652	44.00
46.00	04600	OTHER LONG TERM CARE	156,988	552	0	39,306	33,670	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	419,823	723	246	74,740	29,374	50.00
51.00	05100	RECOVERY ROOM	15,702	131	31	9,313	3,800	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	66,493	53	17	5,029	6,586	52.00
53.00	05300	ANESTHESIOLOGY	35,412	0	10	3,096	4,598	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	828,587	540	222	67,327	13,224	54.00
56.00	05600	RADIOISOTOPE	3,472	35	14	4,163	840	56.00
60.00	06000	LABORATORY	94,337	386	171	52,045	4,650	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,952	0	4	1,220	0	63.00
64.00	06400	INTRAVENOUS THERAPY	4,251	0	0	74	956	64.00
65.00	06500	RESPIRATORY THERAPY	21,251	145	38	11,433	1,029	65.00
66.00	06600	PHYSICAL THERAPY	19,073	488	112	34,030	876	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	102	22	6,723	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	3	953	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,367	10	3	876	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	73	22,247	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	242	75,514	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	83	25,085	0	73.00
73.01	07301	CARDIAC REHAB	5,939	20	5	1,463	0	73.01
73.02	07302	WOUND CARE	20,945	107	29	8,694	2,412	73.02
73.03	07303	SLEEP LAB	13,835	31	8	2,529	1,853	73.03
73.04	03950	DIETARY EDUCATION	0	0	4	1,343	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	389,580	1,461	0	276,529	0	88.00
90.00	09000	CLINIC	14,637	90	23	6,857	2,520	90.00
90.01	09001	GERI PSYCH CLINIC	1,259	56	19	5,881	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	62,986	232	77	23,317	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	75,110	72	37	11,280	0	90.03
90.04	09004	GAPC AND #3 CLINIC	34,716	46	20	6,008	0	90.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACC OUNTS RECEIVABLE	ALL OTHER ADMIN & GENERAL	OPERATION OF PLANT	
			2A	4.00	5.01	5.02	7.00	
91.00	09100	EMERGENCY	82,937	478	173	52,389	13,340	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	353,521	690	0	49,339	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,723,239	11,479	1,964	1,094,462	199,370	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	812	0	0	13	196	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	1,891	36	0	4,693	458	192.02
194.00	07950	FALCON POINT RENTAL	7,344	0	0	118	4,983	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	28,219	17	19	5,708	0	194.02
194.03	07953	WELLNESS CENTER	673	48	0	3,382	0	194.03
194.04	07954	PSYCH CLINIC	8,248	243	83	25,173	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	3	843	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	10	2,929	0	194.07
194.08	07958	340B PHARMACY	0	0	0	4,081	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	46	0	3,017	0	194.10
194.11	07961	PULMONARY CLINIC	14,517	19	39	11,693	3,513	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	4,756	0	1	190	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	3,582	134	59	18,033	0	194.16
194.17	07967	ELITE PERFORMANCE	55,600	540	0	36,882	0	194.17
194.18	07968	GAFM	0	41	33	10,090	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	11,483	17	9	2,584	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	50	31	9,302	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	13,483	41	26	7,745	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	28	11	3,282	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	60,349	108	0	15,123	5,948	194.26
194.27	07977	RETAIL PHARMACY	22,039	153	0	46,688	0	194.27
194.28	07978	CP THERAPY	0	5	1	389	0	194.28
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,956,235	13,005	2,289	1,306,420	214,468	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			OPERATION OF PLANT-OUTSIDE PROPERTY	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.01	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00501	ALL OTHER ADMIN & GENERAL						5.02
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	7,454					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	38,239				8.00
9.00	00900	HOUSEKEEPING	1	8,148	33,006			9.00
10.00	01000	DIETARY	0	1,275	774	41,554		10.00
11.00	01100	CAFETERIA	0	1,656	405	0	22,629	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	109	0	611	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,092	0	0	14.00
15.00	01500	PHARMACY	0	0	317	0	587	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	549	0	539	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	7,084	6,785	7,673	3,347	30.00
31.00	03100	INTENSIVE CARE UNIT	0	104	340	32	58	31.00
43.00	04300	NURSERY	0	115	237	0	552	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,860	245	1,781	213	44.00
46.00	04600	OTHER LONG TERM CARE	0	8,759	4,998	20,883	2,495	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,590	4,360	0	3,148	50.00
51.00	05100	RECOVERY ROOM	0	0	564	0	615	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	469	978	0	182	52.00
53.00	05300	ANESTHESIOLOGY	57	0	683	0	510	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,251	1,963	0	2,409	54.00
56.00	05600	RADIOISOTOPE	0	0	125	0	258	56.00
60.00	06000	LABORATORY	0	0	690	0	2,180	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	142	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	153	0	563	65.00
66.00	06600	PHYSICAL THERAPY	323	2,150	130	0	1,767	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	290	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	86	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	124	73.01
73.02	07302	WOUND CARE	0	0	358	0	361	73.02
73.03	07303	SLEEP LAB	0	0	275	0	131	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	2,633	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	374	0	377	90.00
90.01	09001	GERI PSYCH CLINIC	92	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	323	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	184	0	0	0	0	90.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			OPERATION OF PLANT-OUTSIDE PROPERTY	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.01	8.00	9.00	10.00	11.00	
91.00	09100	EMERGENCY	0	1,687	1,980	0	1,137	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	506	91	2,139	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,119	38,239	30,765	30,369	22,540	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	29	11,185	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	68	0	89	192.02
194.00	07950	FALCON POINT RENTAL	88	0	740	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	92	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	71	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	320	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	220	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	521	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	87	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	1,824	0	0	0	0	194.17
194.18	07968	GAFM	85	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	49	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	137	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	282	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	883	0	0	194.26
194.27	07977	RETAIL PHARMACY	80	0	0	0	0	194.27
194.28	07978	CP THERAPY	0	0	0	0	0	194.28
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)	7,454	38,239	33,006	41,554	22,629	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	
			13.00	14.00	15.00	16.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00501	ALL OTHER ADMIN & GENERAL						5.02
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	22,808					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	44,620				14.00
15.00	01500	PHARMACY	0	328	32,130			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6	0	28,291		16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,230	766	71	4,910	484,123	30.00
31.00	03100	INTENSIVE CARE UNIT	123	0	0	35	16,905	31.00
43.00	04300	NURSERY	1,204	0	0	545	35,747	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	94	15,789	44.00
46.00	04600	OTHER LONG TERM CARE	0	243	5	0	267,899	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,755	3,039	631	3,438	549,867	50.00
51.00	05100	RECOVERY ROOM	1,321	75	0	0	31,552	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	397	0	0	0	80,204	52.00
53.00	05300	ANESTHESIOLOGY	0	92	210	0	44,668	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	86	127	9,767	925,503	54.00
56.00	05600	RADIOISOTOPE	0	8	3	0	8,918	56.00
60.00	06000	LABORATORY	0	286	3	4,499	159,247	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	5,176	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	5,423	64.00
65.00	06500	RESPIRATORY THERAPY	1,208	11	0	76	35,907	65.00
66.00	06600	PHYSICAL THERAPY	0	26	14	1,034	60,023	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	7,137	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	956	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1	0	0	2,343	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,402	0	0	30,722	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	28,525	0	0	104,281	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	26,908	0	52,076	73.00
73.01	07301	CARDIAC REHAB	265	6	0	246	8,068	73.01
73.02	07302	WOUND CARE	776	79	18	54	33,833	73.02
73.03	07303	SLEEP LAB	280	2	0	36	18,980	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	1,347	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	1,445	2,343	0	673,991	88.00
90.00	09000	CLINIC	810	80	6	365	26,139	90.00
90.01	09001	GERI PSYCH CLINIC	0	2	0	18	7,327	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	210	927	59	88,131	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	21	16	0	86,536	90.03
90.04	09004	GAPC AND #3 CLINIC	0	48	302	0	41,324	90.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	
			13.00	14.00	15.00	16.00	24.00	
91.00	09100	EMERGENCY	2,439	371	28	3,115	160,074	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	67	176	0	406,529	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	22,808	44,225	31,788	28,291	4,476,745	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	12,235	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	7,235	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	13,273	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	92	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	3	75	0	34,112	194.02
194.03	07953	WELLNESS CENTER	0	5	0	0	4,428	194.03
194.04	07954	PSYCH CLINIC	0	10	0	0	33,977	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	846	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	2,939	194.07
194.08	07958	340B PHARMACY	0	0	0	0	4,081	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	3,063	194.10
194.11	07961	PULMONARY CLINIC	0	1	0	0	30,303	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	5,034	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	21,808	194.16
194.17	07967	ELITE PERFORMANCE	0	16	3	0	94,865	194.17
194.18	07968	GAFM	0	190	63	0	10,502	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	13	91	0	14,246	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	29	5	0	9,554	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	85	85	0	21,747	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	10	20	0	3,351	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	27	0	0	82,438	194.26
194.27	07977	RETAIL PHARMACY	0	6	0	0	68,966	194.27
194.28	07978	CP THERAPY	0	0	0	0	395	194.28
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)	22,808	44,620	32,130	28,291	4,956,235	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	OB UNIT - BLDG & FIXT		1.01
1.02	00102	B&F - ONARGA RHC		1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN		1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC		1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC		1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC		1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC		1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC		1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER		1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION		1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE		1.15
1.16	00116	B&F - AMBULANCE BUILDING		1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK		1.17
1.18	00118	B&F - COSMETOLOGY OFFICE		1.18
1.19	00119	B&F - ANESTHESIA HOUSE		1.19
1.20	00120	B&F - #7 DOCTOR'S PARK		1.20
1.21	00121	B&F - #4 DOCTOR'S PARK		1.21
1.22	00122	B&F - #8 DOCTOR'S PARK		1.22
1.25	00125	B&F - HARMS HOUSE/IT		1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE		1.26
1.27	00127	B&F - FALCON POINT RESIDENCE		1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED		1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE		5.01
5.02	00501	ALL OTHER ADMIN & GENERAL		5.02
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	484,123
31.00	03100	INTENSIVE CARE UNIT	0	16,905
43.00	04300	NURSERY	0	35,747
44.00	04400	SKILLED NURSING FACILITY	0	15,789
46.00	04600	OTHER LONG TERM CARE	0	267,899
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	549,867
51.00	05100	RECOVERY ROOM	0	31,552
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	80,204
53.00	05300	ANESTHESIOLOGY	0	44,668
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	925,503
56.00	05600	RADIOISOTOPE	0	8,918
60.00	06000	LABORATORY	0	159,247
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,176
64.00	06400	INTRAVENOUS THERAPY	0	5,423
65.00	06500	RESPIRATORY THERAPY	0	35,907
66.00	06600	PHYSICAL THERAPY	0	60,023
67.00	06700	OCCUPATIONAL THERAPY	0	7,137
68.00	06800	SPEECH PATHOLOGY	0	956
69.00	06900	ELECTROCARDIOLOGY	0	2,343
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	30,722
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	104,281
73.00	07300	DRUGS CHARGED TO PATIENTS	0	52,076
73.01	07301	CARDIAC REHAB	0	8,068
73.02	07302	WOUND CARE	0	33,833
73.03	07303	SLEEP LAB	0	18,980
73.04	03950	DIETARY EDUCATION	0	1,347
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	673,991
90.00	09000	CLINIC	0	26,139
90.01	09001	GERI PSYCH CLINIC	0	7,327
90.02	09002	ORTHO AND CARDIO CLINIC	0	88,131

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
90.03	09003	GENERAL SURGERY CLINIC	0	86,536	90.03
90.04	09004	GAPC AND #3 CLINIC	0	41,324	90.04
91.00	09100	EMERGENCY	0	160,074	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	406,529	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,476,745	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,235	190.00
192.01	19201	GAH - MSO	0	0	192.01
192.02	19202	GAH FOUNDATION	0	7,235	192.02
194.00	07950	FALCON POINT RENTAL	0	13,273	194.00
194.01	07951	PHYSICIAN OFFICE	0	92	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	34,112	194.02
194.03	07953	WELLNESS CENTER	0	4,428	194.03
194.04	07954	PSYCH CLINIC	0	33,977	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	846	194.05
194.06	07956	LASER CLINIC	0	0	194.06
194.07	07957	PAIN CLINIC	0	2,939	194.07
194.08	07958	340B PHARMACY	0	4,081	194.08
194.09	07959	GAH CARDIOLOGY	0	0	194.09
194.10	07960	WIC	0	3,063	194.10
194.11	07961	PULMONARY CLINIC	0	30,303	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	5,034	194.12
194.13	07963	PODIATRY	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	194.15
194.16	07966	FHGC	0	21,808	194.16
194.17	07967	ELITE PERFORMANCE	0	94,865	194.17
194.18	07968	GAFM	0	10,502	194.18
194.19	07969	GAPC	0	0	194.19
194.20	07970	FHCF	0	14,246	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	9,554	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	21,747	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	3,351	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	194.25
194.26	07976	DENTAL CLINIC	0	82,438	194.26
194.27	07977	RETAIL PHARMACY	0	68,966	194.27
194.28	07978	CP THERAPY	0	395	194.28
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	4,956,235	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	OB UNIT - BLDG & FIXT (SQUARE FEET)	B&F - ONARGA RHC (SQUARE FEET)	B&F - FARMER CITY RURAL HEALTH CLIN (SQUARE FEET)	B&F - HOOPESTON RURAL HEALTH CLINIC (SQUARE FEET)	
			1.00	1.01	1.02	1.04	1.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	108,122					1.00
1.01	00101	OB UNIT - BLDG & FIXT	0	9,846				1.01
1.02	00102	B&F - ONARGA RHC	0	0	4,652			1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN	0	0	0	2,160		1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC	0	0	0	0	4,721	1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC	0	0	0	0	0	1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	0	0	1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	0	0	0	0	0	1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	0	0	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	0	0	0	0	0	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	0	0	0	0	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	0	1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	0	0	0	0	1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	0	0	0	0	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	0	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	0	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	0	1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	0	1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	0	1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	623	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	16,630	308	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	15,761	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,689	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	749	81	0	0	0	9.00
10.00	01000	DIETARY	2,018	0	0	0	0	10.00
11.00	01100	CAFETERIA	1,056	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	284	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,846	0	0	0	0	14.00
15.00	01500	PHARMACY	827	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,430	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,652	6,037	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	887	0	0	0	0	31.00
43.00	04300	NURSERY	0	617	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	639	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	13,026	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,923	441	0	0	0	50.00
51.00	05100	RECOVERY ROOM	1,470	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	626	1,922	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	89	440	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,116	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	325	0	0	0	0	56.00
60.00	06000	LABORATORY	1,799	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	370	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	398	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	339	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	933	0	0	0	0	73.02
73.03	07303	SLEEP LAB	717	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	4,652	2,160	4,721	88.00
90.00	09000	CLINIC	975	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	OB UNIT - BLDG & FIXT (SQUARE FEET)	B&F - ONARGA RHC (SQUARE FEET)	B&F - FARMER CITY RURAL HEALTH CLIN (SQUARE FEET)	B&F - HOOPESTON RURAL HEALTH CLINIC (SQUARE FEET)	
			1.00	1.01	1.02	1.04	1.05	
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	5,161	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	99,358	9,846	4,652	2,160	4,721	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	76	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	177	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	2,016	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	1,359	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	1,075	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	2,301	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	1,760	0	0	0	0	194.27
194.28	07978	CP THERAPY	0	0	0	0	0	194.28
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)	1,154,934	306,374	8,407	11,670	69,347	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.681767	31.116596	1.807180	5.402778	14.689049	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - FORREST RURAL HEALTH CLINIC (SQUARE FEET)	B&F - PAXTON RURAL HEALTH CLINIC (SQUARE FEET)	B&F - MAHOMET SPECIALTY CLINIC (SQUARE FEET)	B&F - POTOMAC RURAL HEALTH CLINIC (SQUARE FEET)	B&F - PAXTON WELLNESS CENTER (SQUARE FEET)	
			1.07	1.09	1.10	1.11	1.12	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC	3,284					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	0	28,574				1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	0	0	2,130			1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	0	0	0	4,692		1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	0	0	0	0	7,000	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	0	0	0	0	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	0	0	0	0	1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	0	0	0	0	1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	0	0	0	0	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	0	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	0	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	0	1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	0	1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	0	1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	3,284	28,574	2,130	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - FORREST RURAL HEALTH CLINIC (SQUARE FEET)	B&F - PAXTON RURAL HEALTH CLINIC (SQUARE FEET)	B&F - MAHOMET SPECIALTY CLINIC (SQUARE FEET)	B&F - POTOMAC RURAL HEALTH CLINIC (SQUARE FEET)	B&F - PAXTON WELLNESS CENTER (SQUARE FEET)	
			1.07	1.09	1.10	1.11	1.12	
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,284	28,574	2,130	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	7,000	194.03
194.04	07954	PSYCH CLINIC	0	0	0	2,792	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	1,900	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
194.28	07978	CP THERAPY	0	0	0	0	0	194.28
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	15,831	156,170	51,720	11,744	673	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.820646	5.465458	24.281690	2.502984	0.096143	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - PAXTON AMBULANCE STATION (SQUARE FEET)	B&F - AMBULANCE STAFF RESIDENCE (SQUARE FEET)	B&F - AMBULANCE BUILDING (SQUARE FEET)	B&F - # 10 DOCTOR'S PARK (SQUARE FEET)	B&F - COSMETOLOGY OFFICE (SQUARE FEET)	
			1.14	1.15	1.16	1.17	1.18	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	4,500					1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	2,346				1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	0	3,228			1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	0	0	14,140		1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	0	0	0	0	1,554	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	0	0	0	0	0	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	0	0	0	1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	0	0	0	1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	0	0	1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	0	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	13	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,070	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - PAXTON AMBULANCE STATION (SQUARE FEET)	B&F - AMBULANCE STAFF RESIDENCE (SQUARE FEET)	B&F - AMBULANCE BUILDING (SQUARE FEET)	B&F - # 10 DOCTOR'S PARK (SQUARE FEET)	B&F - COSMETOLOGY OFFICE (SQUARE FEET)	
			1.14	1.15	1.16	1.17	1.18	
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	7,057	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	4,500	2,346	3,228	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,500	2,346	3,228	14,140	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	1,554	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
194.28	07978	CP THERAPY	0	0	0	0	0	194.28
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)	7,104	6,836	24,790	35,703	6,685	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.578667	2.913896	7.679678	2.524965	4.301802	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - ANESTHESIA HOUSE (SQUARE FEET)	B&F - #7 DOCTOR'S PARK (SQUARE FEET)	B&F - #4 DOCTOR'S PARK (SQUARE FEET)	B&F - #8 DOCTOR'S PARK (SQUARE FEET)	B&F - HARMS HOUSE/IT (SQUARE FEET)	
			1.19	1.20	1.21	1.22	1.25	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE	1,250					1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	4,032				1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	0	0	4,032			1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	0	0	0	5,760		1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	0	0	0	3,952	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	0	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	0	0	0	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	0	0	0	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	0	0	0	0	3,952	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,250	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	2,699	0	5,760	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	2,016	0	0	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAPITAL RELATED COSTS					
			B&F - ANESTHESIA HOUSE (SQUARE FEET)	B&F - #7 DOCTOR'S PARK (SQUARE FEET)	B&F - #4 DOCTOR'S PARK (SQUARE FEET)	B&F - #8 DOCTOR'S PARK (SQUARE FEET)	B&F - HARMS HOUSE/IT (SQUARE FEET)	
			1.19	1.20	1.21	1.22	1.25	
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,250	2,699	2,016	5,760	3,952	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	2,016	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	1,333	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	0	194.27
194.28	07978	CP THERAPY	0	0	0	0	0	194.28
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)	4,461	10,836	2,519	14,783	29,665	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.568800	2.687500	0.624752	2.566493	7.506326	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		B&F - 9TH ST. EDUCATION HOUSE (SQUARE FEET)	B&F - FALCON POINT RESIDENCE (SQUARE FEET)	B&F - 2012 NEW STORAGE SHED (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)		
		1.26	1.27	1.28	2.00	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.02	00102	B&F - ONARGA RHC					1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15
1.16	00116	B&F - AMBULANCE BUILDING					1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK					1.17
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18
1.19	00119	B&F - ANESTHESIA HOUSE					1.19
1.20	00120	B&F - #7 DOCTOR'S PARK					1.20
1.21	00121	B&F - #4 DOCTOR'S PARK					1.21
1.22	00122	B&F - #8 DOCTOR'S PARK					1.22
1.25	00125	B&F - HARMS HOUSE/IT					1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	2,175				1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	1,928			1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	0	4,224		1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2,643,810	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	5,600	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	1,509	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	2,175	0	4,224	940,710	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	11,761	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	8,276	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	737	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	14,505	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	2,427	31.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	15,740	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	255,256	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	14,384	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	682,571	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	66,253	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,549	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,078	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,206	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	5,238	73.01
73.02	07302	WOUND CARE	0	0	0	9,683	73.02
73.03	07303	SLEEP LAB	0	0	0	5,447	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	47,976	88.00
90.00	09000	CLINIC	0	0	0	3,724	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
			B&F - 9TH ST. EDUCATION HOUSE (SQUARE FEET)	B&F - FALCON POINT RESIDENCE (SQUARE FEET)	B&F - 2012 NEW STORAGE SHED (SQUARE FEET)	MBLE EQUIP (DOLLAR VALUE)		
			1.26	1.27	1.28	2.00	4.00	
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	154,395	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	39,835	635,596	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	66,243	197,644	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	30,618	126,097	90.04
91.00	09100	EMERGENCY	0	0	0	24,525	1,309,169	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	277,628	1,890,454	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,175	0	4,224	2,548,479	31,456,226	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	98,914	192.02
194.00	07950	FALCON POINT RENTAL	0	1,928	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	0	46,414	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	132,454	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	666,138	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	1,035	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	127,007	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	0	52,861	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	366,084	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	49,036	1,480,281	194.17
194.18	07968	GAFM	0	0	0	0	111,068	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	47,052	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	136,554	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	11,891	112,482	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	76,012	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	0	31,547	296,729	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	2,857	417,873	194.27
194.28	07978	CP THERAPY	0	0	0	0	13,632	194.28
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)	8,056	7,344	12,878	2,997,705	14,022,983	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.703908	3.809129	3.048769	1.133858	0.393475	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					13,005	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					0.000365	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description		Reconciliation	CASHIERING/ACC OUNTS RECEIVABLE (ACCUM. COST)	Reconciliation	ALL OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5A.01	5.01	5A.02	5.02	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OB UNIT - BLDG & FIXT					1.01
1.02	00102	B&F - ONARGA RHC					1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN					1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC					1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC					1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC					1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC					1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC					1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION					1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE					1.15
1.16	00116	B&F - AMBULANCE BUILDING					1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK					1.17
1.18	00118	B&F - COSMETOLOGY OFFICE					1.18
1.19	00119	B&F - ANESTHESIA HOUSE					1.19
1.20	00120	B&F - #7 DOCTOR'S PARK					1.20
1.21	00121	B&F - #4 DOCTOR'S PARK					1.21
1.22	00122	B&F - #8 DOCTOR'S PARK					1.22
1.25	00125	B&F - HARMS HOUSE/IT					1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE					1.26
1.27	00127	B&F - FALCON POINT RESIDENCE					1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED					1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00501	CASHIERING/ACCOUNTS RECEIVABLE	-3,104,190	40,223,414			5.01
5.02	00502	ALL OTHER ADMIN & GENERAL	-15,371,872	0	-15,371,872	81,330,629	5.02
7.00	00700	OPERATION OF PLANT	-2,025,244	0	0	2,025,244	82,973
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	-462,907	0	0	462,907	0
8.00	00800	LAUNDRY & LINEN SERVICE	-394,999	0	0	394,999	1,689
9.00	00900	HOUSEKEEPING	-746,553	0	0	746,553	830
10.00	01000	DIETARY	-733,177	0	0	733,177	2,018
11.00	01100	CAFETERIA	-403,722	0	0	403,722	1,056
13.00	01300	NURSING ADMINISTRATION	-1,123,504	0	0	1,123,504	284
14.00	01400	CENTRAL SERVICES & SUPPLY	-359,366	0	0	359,366	2,846
15.00	01500	PHARMACY	-1,226,058	0	0	1,226,058	827
16.00	01600	MEDICAL RECORDS & LIBRARY	-505,672	0	0	505,672	1,430
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	4,081,338	0	4,396,311	17,689
31.00	03100	INTENSIVE CARE UNIT	0	96,382	0	103,820	887
43.00	04300	NURSERY	0	699,202	0	753,162	617
44.00	04400	SKILLED NURSING FACILITY	-191,330	0	0	191,330	639
46.00	04600	OTHER LONG TERM CARE	-2,446,966	0	0	2,446,966	13,026
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	4,319,585	0	4,652,945	11,364
51.00	05100	RECOVERY ROOM	0	538,242	0	579,780	1,470
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	290,670	0	313,102	2,548
53.00	05300	ANESTHESIOLOGY	0	178,908	0	192,715	1,779
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,891,119	0	4,191,412	5,116
56.00	05600	RADIOISOTOPE	0	240,627	0	259,197	325
60.00	06000	LABORATORY	0	3,007,910	0	3,240,042	1,799
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	70,492	0	75,932	0
64.00	06400	INTRAVENOUS THERAPY	0	4,251	0	4,579	370
65.00	06500	RESPIRATORY THERAPY	0	660,771	0	711,765	398
66.00	06600	PHYSICAL THERAPY	0	1,966,740	0	2,118,521	339
67.00	06700	OCCUPATIONAL THERAPY	0	388,573	0	418,561	0
68.00	06800	SPEECH PATHOLOGY	0	55,053	0	59,302	0
69.00	06900	ELECTROCARDIOLOGY	0	50,637	0	54,545	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,285,746	0	1,384,972	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,364,302	0	4,701,104	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,449,751	0	1,561,634	0
73.01	07301	CARDIAC REHAB	0	84,545	0	91,070	0
73.02	07302	WOUND CARE	0	502,458	0	541,235	933
73.03	07303	SLEEP LAB	0	146,179	0	157,460	717
73.04	03950	DIETARY EDUCATION	0	77,645	0	83,637	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	-17,215,052	0	0	17,215,052	0
90.00	09000	CLINIC	0	396,305	0	426,889	975
90.01	09001	GERI PSYCH CLINIC	0	339,900	0	366,131	0
90.02	09002	ORTHO AND CARDIO CLINIC	0	1,347,581	0	1,451,579	0
90.03	09003	GENERAL SURGERY CLINIC	0	651,917	0	702,228	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			Reconciliation	CASHIERING/ACC OUNTS RECEIVABLE (ACCUM. COST)	Reconciliation	ALL OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5A.01	5.01	5A.02	5.02	7.00	
90.04	09004	GAPC AND #3 CLINIC	0	347,242	0	374,040	0	90.04
91.00	09100	EMERGENCY	0	3,027,804	0	3,261,472	5,161	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	-3,071,586	0	0	3,071,586	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-49,382,198	34,561,875	-15,371,872	68,135,278	77,132	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-812	0	0	812	76	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	-292,172	0	0	292,172	177	192.02
194.00	07950	FALCON POINT RENTAL	-7,344	0	0	7,344	1,928	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	329,868	0	355,325	0	194.02
194.03	07953	WELLNESS CENTER	-210,543	0	0	210,543	0	194.03
194.04	07954	PSYCH CLINIC	0	1,454,881	0	1,567,160	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	48,704	0	52,463	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	169,266	0	182,329	0	194.07
194.08	07958	340B PHARMACY	-254,051	0	0	254,051	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	-187,833	0	0	187,833	0	194.10
194.11	07961	PULMONARY CLINIC	0	675,765	0	727,916	1,359	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	10,971	0	11,818	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	1,042,205	0	1,122,636	0	194.16
194.17	07967	ELITE PERFORMANCE	-2,296,055	0	0	2,296,055	0	194.17
194.18	07968	GAFM	0	583,154	0	628,158	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	149,363	0	160,890	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	537,582	0	579,069	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	447,620	0	482,165	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	189,694	0	204,333	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	-941,494	0	0	941,494	2,301	194.26
194.27	07977	RETAIL PHARMACY	-2,906,585	0	0	2,906,585	0	194.27
194.28	07978	CP THERAPY	0	22,466	0	24,200	0	194.28
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		3,104,190		15,371,872	2,408,025	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.077174		0.189005	29.021790	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		2,289		1,306,420	214,468	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000057		0.016063	2.584793	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			OPERATION OF PLANT-OUTSIDE PROPERTY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
			7.01	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OB UNIT - BLDG & FIXT						1.01
1.02	00102	B&F - ONARGA RHC						1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN						1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC						1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC						1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC						1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC						1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC						1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER						1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION						1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE						1.15
1.16	00116	B&F - AMBULANCE BUILDING						1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK						1.17
1.18	00118	B&F - COSMETOLOGY OFFICE						1.18
1.19	00119	B&F - ANESTHESIA HOUSE						1.19
1.20	00120	B&F - #7 DOCTOR'S PARK						1.20
1.21	00121	B&F - #4 DOCTOR'S PARK						1.21
1.22	00122	B&F - #8 DOCTOR'S PARK						1.22
1.25	00125	B&F - HARMS HOUSE/IT						1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE						1.26
1.27	00127	B&F - FALCON POINT RESIDENCE						1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED						1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00591	ALL OTHER ADMIN & GENERAL						5.02
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	163,043					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	401,227				8.00
9.00	00900	HOUSEKEEPING	13	85,499	86,028			9.00
10.00	01000	DIETARY	0	13,382	2,018	68,286		10.00
11.00	01100	CAFETERIA	0	17,371	1,056	0	25,422	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	284	0	686	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,846	0	0	14.00
15.00	01500	PHARMACY	0	0	827	0	660	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,430	0	605	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	74,334	17,689	12,609	3,762	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,090	887	53	65	31.00
43.00	04300	NURSERY	0	1,211	617	0	620	43.00
44.00	04400	SKILLED NURSING FACILITY	0	19,515	639	2,926	239	44.00
46.00	04600	OTHER LONG TERM CARE	0	91,889	13,026	34,318	2,803	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	37,673	11,364	0	3,536	50.00
51.00	05100	RECOVERY ROOM	0	0	1,470	0	691	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,919	2,548	0	204	52.00
53.00	05300	ANESTHESIOLOGY	1,250	0	1,779	0	573	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,125	5,116	0	2,706	54.00
56.00	05600	RADIOISOTOPE	0	0	325	0	290	56.00
60.00	06000	LABORATORY	0	0	1,799	0	2,449	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	370	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	398	0	632	65.00
66.00	06600	PHYSICAL THERAPY	7,070	22,562	339	0	1,985	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	326	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	97	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	139	73.01
73.02	07302	WOUND CARE	0	0	933	0	406	73.02
73.03	07303	SLEEP LAB	0	0	717	0	147	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	57,560	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	975	0	424	90.00
90.01	09001	GERI PSYCH CLINIC	2,016	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	7,057	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			OPERATION OF PLANT-OUTSIDE PROPERTY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
			7.01	8.00	9.00	10.00	11.00	
90.04	09004	GAPC AND #3 CLINIC	4,032	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	17,705	5,161	0	1,277	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	11,074	952	5,574	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	90,072	401,227	80,187	49,906	25,322	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	76	18,380	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	177	0	100	192.02
194.00	07950	FALCON POINT RENTAL	1,928	0	1,928	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	2,016	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	1,554	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	7,000	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	4,808	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	1,359	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	1,900	0	0	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	39,903	0	0	0	0	194.17
194.18	07968	GAFM	1,852	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	1,075	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	3,000	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	6,175	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	0	2,301	0	0	194.26
194.27	07977	RETAIL PHARMACY	1,760	0	0	0	0	194.27
194.28	07978	CP THERAPY	0	0	0	0	0	194.28
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)	550,399	518,674	1,022,313	971,597	545,679	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.375790	1.292720	11.883491	14.228348	21.464834	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,454	38,239	33,006	41,554	22,629	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.045718	0.095305	0.383666	0.608529	0.890135	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	OB UNIT - BLDG & FIXT				1.01
1.02	00102	B&F - ONARGA RHC				1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN				1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC				1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC				1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC				1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC				1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC				1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER				1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION				1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE				1.15
1.16	00116	B&F - AMBULANCE BUILDING				1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK				1.17
1.18	00118	B&F - COSMETOLOGY OFFICE				1.18
1.19	00119	B&F - ANESTHESIA HOUSE				1.19
1.20	00120	B&F - #7 DOCTOR'S PARK				1.20
1.21	00121	B&F - #4 DOCTOR'S PARK				1.21
1.22	00122	B&F - #8 DOCTOR'S PARK				1.22
1.25	00125	B&F - HARMS HOUSE/IT				1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE				1.26
1.27	00127	B&F - FALCON POINT RESIDENCE				1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED				1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE				5.01
5.02	00501	ALL OTHER ADMIN & GENERAL				5.02
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION	248,317			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,827,475		14.00
15.00	01500	PHARMACY	0	50,128	1,731,147	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	870	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	78,718	117,208	3,825	30.00
31.00	03100	INTENSIVE CARE UNIT	1,334	75	11	31.00
43.00	04300	NURSERY	13,104	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	37,157	275	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	73,542	465,066	34,005	50.00
51.00	05100	RECOVERY ROOM	14,382	11,544	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,326	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	14,091	11,328	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,234	6,826	54.00
56.00	05600	RADIOISOTOPE	0	1,160	164	56.00
60.00	06000	LABORATORY	0	43,792	149	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	13,153	1,735	11	65.00
66.00	06600	PHYSICAL THERAPY	0	4,026	764	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	84	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,285,746	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,364,302	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,449,751	73.00
73.01	07301	CARDIAC REHAB	2,884	921	0	73.01
73.02	07302	WOUND CARE	8,447	12,053	980	73.02
73.03	07303	SLEEP LAB	3,052	281	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	221,101	126,252	88.00
90.00	09000	CLINIC	8,821	12,215	345	90.00
90.01	09001	GERI PSYCH CLINIC	0	262	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	32,135	49,921	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			13.00	14.00	15.00	16.00	
90.03	09003	GENERAL SURGERY CLINIC	0	3,199	883	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	7,356	16,289	0	90.04
91.00	09100	EMERGENCY	26,554	56,701	1,486	11,051	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	10,227	9,482	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	248,317	6,766,671	1,712,747	100,357	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	40	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	472	4,015	0	194.02
194.03	07953	WELLNESS CENTER	0	714	0	0	194.03
194.04	07954	PSYCH CLINIC	0	1,456	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	194.07
194.08	07958	340B PHARMACY	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	194.09
194.10	07960	WIC	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	213	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	69	0	0	194.12
194.13	07963	PODIATRY	0	0	0	0	194.13
194.14	07964	9TH STREET CLINIC	0	0	0	0	194.14
194.15	07965	ORTHO CLINIC	0	0	0	0	194.15
194.16	07966	FHGC	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	2,483	146	0	194.17
194.18	07968	GAFM	0	29,111	3,419	0	194.18
194.19	07969	GAPC	0	0	0	0	194.19
194.20	07970	FHCF	0	2,036	4,917	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	4,489	245	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	13,034	4,574	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	1,584	1,079	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	0	4,154	5	0	194.26
194.27	07977	RETAIL PHARMACY	0	949	0	0	194.27
194.28	07978	CP THERAPY	0	0	0	0	194.28
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)	1,362,194	543,704	1,509,777	672,796	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.485706	0.079635	0.872125	6.704027	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	22,808	44,620	32,130	28,291	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.091850	0.006535	0.018560	0.281904	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-2

Date/Time Prepared:
5/25/2021 9:19 am

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1	74.00	0
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1	94.00	0
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1	74.00	0
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1	94.00	0
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1	74.00	0
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0
7.00		IV THERAPY RECLASS		1	30.00	-345,245
8.00		IV THERAPY RECLASS		1	64.00	345,245
9.00		BLOOD ADMIN AND RECOVERY RECLASS		1	30.00	-52,269
10.00		BLOOD ADMIN AND RECOVERY RECLASS		1	93.00	52,269

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
5/25/2021 9:19 am

			Title XVIII		Hospital		Cost
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,470,810		6,470,810	0	6,470,810
31.00	03100	INTENSIVE CARE UNIT	171,455		171,455	0	171,455
43.00	04300	NURSERY	1,020,481		1,020,481	0	1,020,481
44.00	04400	SKILLED NURSING FACILITY	327,852		327,852	0	327,852
46.00	04600	OTHER LONG TERM CARE	4,112,728		4,112,728	0	4,112,728
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,673,716		6,673,716	0	6,673,716
51.00	05100	RECOVERY ROOM	844,138		844,138	0	844,138
52.00	05200	DELIVERY ROOM & LABOR ROOM	510,976		510,976	0	510,976
53.00	05300	ANESTHESIOLOGY	329,430		329,430	0	329,430
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,507,161		5,507,161	0	5,507,161
56.00	05600	RADIOISOTOPE	327,941		327,941	0	327,941
60.00	06000	LABORATORY	4,089,188		4,089,188	0	4,089,188
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	90,284		90,284	0	90,284
64.00	06400	INTRAVENOUS THERAPY	365,824		365,824	0	365,824
65.00	06500	RESPIRATORY THERAPY	950,237	0	950,237	0	950,237
66.00	06600	PHYSICAL THERAPY	2,654,024	0	2,654,024	0	2,654,024
67.00	06700	OCCUPATIONAL THERAPY	504,669	0	504,669	0	504,669
68.00	06800	SPEECH PATHOLOGY	70,510	0	70,510	0	70,510
69.00	06900	ELECTROCARDIOLOGY	66,943		66,943	0	66,943
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,749,129		1,749,129	0	1,749,129
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,937,187		5,937,187	0	5,937,187
73.00	07300	DRUGS CHARGED TO PATIENTS	3,121,155		3,121,155	0	3,121,155
73.01	07301	CARDIAC REHAB	133,020		133,020	0	133,020
73.02	07302	WOUND CARE	739,857		739,857	0	739,857
73.03	07303	SLEEP LAB	237,327		237,327	0	237,327
73.04	03950	DIETARY EDUCATION	99,445		99,445	0	99,445
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	20,790,782		20,790,782	0	20,790,782
90.00	09000	CLINIC	614,907		614,907	0	614,907
90.01	09001	GERI PSYCH CLINIC	442,588		442,588	0	442,588
90.02	09002	ORTHO AND CARDIO CLINIC	1,797,248		1,797,248	0	1,797,248
90.03	09003	GENERAL SURGERY CLINIC	835,978		835,978	0	835,978
90.04	09004	GAPC AND #3 CLINIC	473,138		473,138	0	473,138
91.00	09100	EMERGENCY	4,364,882		4,364,882	0	4,364,882
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,045,143		1,045,143	0	1,045,143
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	52,269		52,269	0	52,269
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	3,766,067		3,766,067	0	3,766,067
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (see instructions)	81,288,489	0	81,288,489	0	81,288,489
201.00		Less Observation Beds	1,045,143		1,045,143		1,045,143
202.00		Total (see instructions)	80,243,346	0	80,243,346	0	80,243,346

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
5/25/2021 9:19 am

			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	8,546,045		8,546,045		30.00
31.00	03100	INTENSIVE CARE UNIT	117,180		117,180		31.00
43.00	04300	NURSERY	639,199		639,199		43.00
44.00	04400	SKILLED NURSING FACILITY	303,887		303,887		44.00
46.00	04600	OTHER LONG TERM CARE	3,111,807		3,111,807		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,444,304	20,593,784	30,038,088	0.222175	0.000000
51.00	05100	RECOVERY ROOM	732,934	3,262,604	3,995,538	0.211270	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,677,845	315,807	2,993,652	0.170687	0.000000
53.00	05300	ANESTHESIOLOGY	380,859	1,771,757	2,152,616	0.153037	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,228,315	30,193,691	32,422,006	0.169859	0.000000
56.00	05600	RADIOISOTOPE	20,664	1,231,438	1,252,102	0.261912	0.000000
60.00	06000	LABORATORY	1,812,412	22,120,565	23,932,977	0.170860	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	279,141	233,156	512,297	0.176234	0.000000
64.00	06400	INTRAVENOUS THERAPY	45,613	2,860,047	2,905,660	0.125900	0.000000
65.00	06500	RESPIRATORY THERAPY	3,152,952	1,264,951	4,417,903	0.215088	0.000000
66.00	06600	PHYSICAL THERAPY	1,602,812	6,757,345	8,360,157	0.317461	0.000000
67.00	06700	OCCUPATIONAL THERAPY	1,098,481	770,452	1,868,933	0.270031	0.000000
68.00	06800	SPEECH PATHOLOGY	19,272	98,538	117,810	0.598506	0.000000
69.00	06900	ELECTROCARDIOLOGY	87,292	1,561,782	1,649,074	0.040594	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,079,509	4,184,331	6,263,840	0.279242	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,745,196	3,455,004	19,200,200	0.309225	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	6,050,180	11,653,715	17,703,895	0.176298	0.000000
73.01	07301	CARDIAC REHAB	0	707,599	707,599	0.187988	0.000000
73.02	07302	WOUND CARE	47,056	789,496	836,552	0.884412	0.000000
73.03	07303	SLEEP LAB	0	1,037,489	1,037,489	0.228751	0.000000
73.04	03950	DIETARY EDUCATION	65,817	29,619	95,436	1.042007	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	16,072,012	16,072,012		88.00
90.00	09000	CLINIC	2,716	820,448	823,164	0.747004	0.000000
90.01	09001	GERI PSYCH CLINIC	0	796,255	796,255	0.555837	0.000000
90.02	09002	ORTHO AND CARDIO CLINIC	0	507,806	507,806	3.539241	0.000000
90.03	09003	GENERAL SURGERY CLINIC	0	327,365	327,365	2.553657	0.000000
90.04	09004	GAPC AND #3 CLINIC	0	320,137	320,137	1.477924	0.000000
91.00	09100	EMERGENCY	470,240	13,065,398	13,535,638	0.322473	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	12,024	1,344,630	1,356,654	0.770383	0.000000
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	124,102	124,102	0.421178	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	5,360,398	5,360,398	0.702572	0.000000
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	60,773,752	153,631,721	214,405,473		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	60,773,752	153,631,721	214,405,473		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.222175		50.00
51.00	05100	RECOVERY ROOM	0.211270		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.170687		52.00
53.00	05300	ANESTHESIOLOGY	0.153037		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169859		54.00
56.00	05600	RADIOISOTOPE	0.261912		56.00
60.00	06000	LABORATORY	0.170860		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.176234		63.00
64.00	06400	INTRAVENOUS THERAPY	0.125900		64.00
65.00	06500	RESPIRATORY THERAPY	0.215088		65.00
66.00	06600	PHYSICAL THERAPY	0.317461		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.270031		67.00
68.00	06800	SPEECH PATHOLOGY	0.598506		68.00
69.00	06900	ELECTROCARDIOLOGY	0.040594		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.279242		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.309225		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.176298		73.00
73.01	07301	CARDIAC REHAB	0.187988		73.01
73.02	07302	WOUND CARE	0.884412		73.02
73.03	07303	SLEEP LAB	0.228751		73.03
73.04	03950	DIETARY EDUCATION	1.042007		73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
90.00	09000	CLINIC	0.747004		90.00
90.01	09001	GERI PSYCH CLINIC	0.555837		90.01
90.02	09002	ORTHO AND CARDIO CLINIC	3.539241		90.02
90.03	09003	GENERAL SURGERY CLINIC	2.553657		90.03
90.04	09004	GAPC AND #3 CLINIC	1.477924		90.04
91.00	09100	EMERGENCY	0.322473		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.770383		92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.421178		93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.702572		95.00
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: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
5/25/2021 9:19 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,470,810		6,470,810	0	6,470,810	30.00
31.00	03100	INTENSIVE CARE UNIT	171,455		171,455	0	171,455	31.00
43.00	04300	NURSERY	1,020,481		1,020,481	0	1,020,481	43.00
44.00	04400	SKILLED NURSING FACILITY	327,852		327,852	0	327,852	44.00
46.00	04600	OTHER LONG TERM CARE	4,112,728		4,112,728	0	4,112,728	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,673,716		6,673,716	0	6,673,716	50.00
51.00	05100	RECOVERY ROOM	844,138		844,138	0	844,138	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	510,976		510,976	0	510,976	52.00
53.00	05300	ANESTHESIOLOGY	329,430		329,430	0	329,430	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,507,161		5,507,161	0	5,507,161	54.00
56.00	05600	RADIOISOTOPE	327,941		327,941	0	327,941	56.00
60.00	06000	LABORATORY	4,089,188		4,089,188	0	4,089,188	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	90,284		90,284	0	90,284	63.00
64.00	06400	INTRAVENOUS THERAPY	365,824		365,824	0	365,824	64.00
65.00	06500	RESPIRATORY THERAPY	950,237	0	950,237	0	950,237	65.00
66.00	06600	PHYSICAL THERAPY	2,654,024	0	2,654,024	0	2,654,024	66.00
67.00	06700	OCCUPATIONAL THERAPY	504,669	0	504,669	0	504,669	67.00
68.00	06800	SPEECH PATHOLOGY	70,510	0	70,510	0	70,510	68.00
69.00	06900	ELECTROCARDIOLOGY	66,943		66,943	0	66,943	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,749,129		1,749,129	0	1,749,129	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,937,187		5,937,187	0	5,937,187	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,121,155		3,121,155	0	3,121,155	73.00
73.01	07301	CARDIAC REHAB	133,020		133,020	0	133,020	73.01
73.02	07302	WOUND CARE	739,857		739,857	0	739,857	73.02
73.03	07303	SLEEP LAB	237,327		237,327	0	237,327	73.03
73.04	03950	DIETARY EDUCATION	99,445		99,445	0	99,445	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	20,790,782		20,790,782	0	20,790,782	88.00
90.00	09000	CLINIC	614,907		614,907	0	614,907	90.00
90.01	09001	GERI PSYCH CLINIC	442,588		442,588	0	442,588	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	1,797,248		1,797,248	0	1,797,248	90.02
90.03	09003	GENERAL SURGERY CLINIC	835,978		835,978	0	835,978	90.03
90.04	09004	GAPC AND #3 CLINIC	473,138		473,138	0	473,138	90.04
91.00	09100	EMERGENCY	4,364,882		4,364,882	0	4,364,882	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,045,143		1,045,143	0	1,045,143	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	52,269		52,269	0	52,269	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,766,067		3,766,067	0	3,766,067	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	81,288,489	0	81,288,489	0	81,288,489	200.00
201.00		Less Observation Beds	1,045,143		1,045,143	0	1,045,143	201.00
202.00		Total (see instructions)	80,243,346	0	80,243,346	0	80,243,346	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN: 14-1317		Period: From 10/01/2019 To 09/30/2020		Worksheet C Part I Date/Time Prepared: 5/25/2021 9:19 am		
					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	8,546,045		8,546,045					30.00	
31.00	03100	INTENSIVE CARE UNIT	117,180		117,180					31.00	
43.00	04300	NURSERY	639,199		639,199					43.00	
44.00	04400	SKILLED NURSING FACILITY	303,887		303,887					44.00	
46.00	04600	OTHER LONG TERM CARE	3,111,807		3,111,807					46.00	
ANCILLARY SERVICE COST CENTERS											
50.00	05000	OPERATING ROOM	9,444,304	20,593,784	30,038,088	0.222175	0.000000			50.00	
51.00	05100	RECOVERY ROOM	732,934	3,262,604	3,995,538	0.211270	0.000000			51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,677,845	315,807	2,993,652	0.170687	0.000000			52.00	
53.00	05300	ANESTHESIOLOGY	380,859	1,771,757	2,152,616	0.153037	0.000000			53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,228,315	30,193,691	32,422,006	0.169859	0.000000			54.00	
56.00	05600	RADIOISOTOPE	20,664	1,231,438	1,252,102	0.261912	0.000000			56.00	
60.00	06000	LABORATORY	1,812,412	22,120,565	23,932,977	0.170860	0.000000			60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	279,141	233,156	512,297	0.176234	0.000000			63.00	
64.00	06400	INTRAVENOUS THERAPY	45,613	2,860,047	2,905,660	0.125900	0.000000			64.00	
65.00	06500	RESPIRATORY THERAPY	3,152,952	1,264,951	4,417,903	0.215088	0.000000			65.00	
66.00	06600	PHYSICAL THERAPY	1,602,812	6,757,345	8,360,157	0.317461	0.000000			66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,098,481	770,452	1,868,933	0.270031	0.000000			67.00	
68.00	06800	SPEECH PATHOLOGY	19,272	98,538	117,810	0.598506	0.000000			68.00	
69.00	06900	ELECTROCARDIOLOGY	87,292	1,561,782	1,649,074	0.040594	0.000000			69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,079,509	4,184,331	6,263,840	0.279242	0.000000			71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,745,196	3,455,004	19,200,200	0.309225	0.000000			72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	6,050,180	11,653,715	17,703,895	0.176298	0.000000			73.00	
73.01	07301	CARDIAC REHAB	0	707,599	707,599	0.187988	0.000000			73.01	
73.02	07302	WOUND CARE	47,056	789,496	836,552	0.884412	0.000000			73.02	
73.03	07303	SLEEP LAB	0	1,037,489	1,037,489	0.228751	0.000000			73.03	
73.04	03950	DIETARY EDUCATION	65,817	29,619	95,436	1.042007	0.000000			73.04	
OUTPATIENT SERVICE COST CENTERS											
88.00	08800	RURAL HEALTH CLINIC	0	16,072,012	16,072,012	1.293602	0.000000			88.00	
90.00	09000	CLINIC	2,716	820,448	823,164	0.747004	0.000000			90.00	
90.01	09001	GERI PSYCH CLINIC	0	796,255	796,255	0.555837	0.000000			90.01	
90.02	09002	ORTHO AND CARDIO CLINIC	0	507,806	507,806	3.539241	0.000000			90.02	
90.03	09003	GENERAL SURGERY CLINIC	0	327,365	327,365	2.553657	0.000000			90.03	
90.04	09004	GAPC AND #3 CLINIC	0	320,137	320,137	1.477924	0.000000			90.04	
91.00	09100	EMERGENCY	470,240	13,065,398	13,535,638	0.322473	0.000000			91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	12,024	1,344,630	1,356,654	0.770383	0.000000			92.00	
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	124,102	124,102	0.421178	0.000000			93.00	
OTHER REIMBURSABLE COST CENTERS											
95.00	09500	AMBULANCE SERVICES	0	5,360,398	5,360,398	0.702572	0.000000			95.00	
SPECIAL PURPOSE COST CENTERS											
113.00	11300	INTEREST EXPENSE								113.00	
200.00		Subtotal (see instructions)	60,773,752	153,631,721	214,405,473					200.00	
201.00		Less Observation Beds								201.00	
202.00		Total (see instructions)	60,773,752	153,631,721	214,405,473					202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
60.00	06000	LABORATORY	0.000000			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
73.01	07301	CARDIAC REHAB	0.000000			73.01
73.02	07302	WOUND CARE	0.000000			73.02
73.03	07303	SLEEP LAB	0.000000			73.03
73.04	03950	DIETARY EDUCATION	0.000000			73.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	GERI PSYCH CLINIC	0.000000			90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0.000000			90.02
90.03	09003	GENERAL SURGERY CLINIC	0.000000			90.03
90.04	09004	GAPC AND #3 CLINIC	0.000000			90.04
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
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: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part II
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	549,867	30,038,088	0.018306	3,714,089	67,990	50.00
51.00	05100 RECOVERY ROOM	31,552	3,995,538	0.007897	274,368	2,167	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	80,204	2,993,652	0.026791	54,345	1,456	52.00
53.00	05300 ANESTHESIOLOGY	44,668	2,152,616	0.020751	136,746	2,838	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	925,503	32,422,006	0.028546	1,092,259	31,180	54.00
56.00	05600 RADIOISOTOPE	8,918	1,252,102	0.007122	9,888	70	56.00
60.00	06000 LABORATORY	159,247	23,932,977	0.006654	820,039	5,457	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	5,176	512,297	0.010104	159,995	1,617	63.00
64.00	06400 INTRAVENOUS THERAPY	5,423	2,905,660	0.001866	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	35,907	4,417,903	0.008128	1,186,530	9,644	65.00
66.00	06600 PHYSICAL THERAPY	60,023	8,360,157	0.007180	377,330	2,709	66.00
67.00	06700 OCCUPATIONAL THERAPY	7,137	1,868,933	0.003819	206,708	789	67.00
68.00	06800 SPEECH PATHOLOGY	956	117,810	0.008115	6,994	57	68.00
69.00	06900 ELECTROCARDIOLOGY	2,343	1,649,074	0.001421	39,606	56	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	30,722	6,263,840	0.004905	752,407	3,691	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	104,281	19,200,200	0.005431	6,443,287	34,993	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	52,076	17,703,895	0.002941	2,047,014	6,020	73.00
73.01	07301 CARDIAC REHAB	8,068	707,599	0.011402	0	0	73.01
73.02	07302 WOUND CARE	33,833	836,552	0.040443	0	0	73.02
73.03	07303 SLEEP LAB	18,980	1,037,489	0.018294	0	0	73.03
73.04	03950 DIETARY EDUCATION	1,347	95,436	0.014114	10,506	148	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	673,991	16,072,012	0.041936	0	0	88.00
90.00	09000 CLINIC	26,139	823,164	0.031754	395	13	90.00
90.01	09001 GERI PSYCH CLINIC	7,327	796,255	0.009202	0	0	90.01
90.02	09002 ORTHO AND CARDIO CLINIC	88,131	507,806	0.173552	0	0	90.02
90.03	09003 GENERAL SURGERY CLINIC	86,536	327,365	0.264341	0	0	90.03
90.04	09004 GAPC AND #3 CLINIC	41,324	320,137	0.129082	0	0	90.04
91.00	09100 EMERGENCY	160,074	13,535,638	0.011826	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	78,193	1,356,654	0.057637	5,364	309	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0	124,102	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	3,327,946	196,326,957		17,337,870	171,204	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-1317		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 5/25/2021 9:19 am	
			Title XVIII		Hospital		Cost	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description			Title XVIII		Hospital	Cost	
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
			4.00	5.00	6.00	7.00	8.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	30,038,088	0.000000
51.00	05100	RECOVERY ROOM	0	0	0	3,995,538	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,993,652	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	2,152,616	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	32,422,006	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	1,252,102	0.000000
60.00	06000	LABORATORY	0	0	0	23,932,977	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	512,297	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	2,905,660	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,417,903	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	8,360,157	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,868,933	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	117,810	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,649,074	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,263,840	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,200,200	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	17,703,895	0.000000
73.01	07301	CARDIAC REHAB	0	0	0	707,599	0.000000
73.02	07302	WOUND CARE	0	0	0	836,552	0.000000
73.03	07303	SLEEP LAB	0	0	0	1,037,489	0.000000
73.04	03950	DIETARY EDUCATION	0	0	0	95,436	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	16,072,012	0.000000
90.00	09000	CLINIC	0	0	0	823,164	0.000000
90.01	09001	GERI PSYCH CLINIC	0	0	0	796,255	0.000000
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	507,806	0.000000
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	327,365	0.000000
90.04	09004	GAPC AND #3 CLINIC	0	0	0	320,137	0.000000
91.00	09100	EMERGENCY	0	0	0	13,535,638	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	1,356,654	0.000000
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	124,102	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					
200.00		Total (lines 50 through 199)	0	0	0	196,326,957	

Health Financial Systems		GIBSON AREA HOSPITAL AND HEALTH SVCS			In Lieu of Form CMS-2552-10	
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-1317		Period: From 10/01/2019 To 09/30/2020	Worksheet D Part IV Date/Time Prepared: 5/25/2021 9:19 am	
		Title XVIII		Hospital	Cost	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
		9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.000000	3,714,089	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.000000	274,368	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	54,345	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.000000	136,746	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,092,259	0	0	0 54.00
56.00	05600 RADIOISOTOPE	0.000000	9,888	0	0	0 56.00
60.00	06000 LABORATORY	0.000000	820,039	0	0	0 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	159,995	0	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,186,530	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.000000	377,330	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	206,708	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	6,994	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	39,606	0	0	0 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	752,407	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	6,443,287	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	2,047,014	0	0	0 73.00
73.01	07301 CARDIAC REHAB	0.000000	0	0	0	0 73.01
73.02	07302 WOUND CARE	0.000000	0	0	0	0 73.02
73.03	07303 SLEEP LAB	0.000000	0	0	0	0 73.03
73.04	03950 DIETARY EDUCATION	0.000000	10,506	0	0	0 73.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0 88.00
90.00	09000 CLINIC	0.000000	395	0	0	0 90.00
90.01	09001 GERI PSYCH CLINIC	0.000000	0	0	0	0 90.01
90.02	09002 ORTHO AND CARDIO CLINIC	0.000000	0	0	0	0 90.02
90.03	09003 GENERAL SURGERY CLINIC	0.000000	0	0	0	0 90.03
90.04	09004 GAPC AND #3 CLINIC	0.000000	0	0	0	0 90.04
91.00	09100 EMERGENCY	0.000000	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	5,364	0	0	0 92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0 93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50 through 199)		17,337,870	0	0	0 200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part V
Date/Time Prepared:
5/25/2021 9:19 am

		Title XVIII		Hospital		Cost	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	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	0.222175	0	5,702,542	0	0	50.00
51.00	05100 RECOVERY ROOM	0.211270	0	947,035	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.170687	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.153037	0	587,812	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.169859	0	9,103,342	0	0	54.00
56.00	05600 RADIOISOTOPE	0.261912	0	407,396	0	0	56.00
60.00	06000 LABORATORY	0.170860	0	7,684,707	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.176234	0	114,078	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.125900	0	688,764	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.215088	0	363,533	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.317461	0	1,854,632	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.270031	0	194,096	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.598506	0	12,257	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.040594	0	618,975	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.279242	0	943,763	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.309225	0	1,647,264	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.176298	0	3,609,254	429	0	73.00
73.01	07301 CARDIAC REHAB	0.187988	0	331,689	0	0	73.01
73.02	07302 WOUND CARE	0.884412	0	264,945	0	0	73.02
73.03	07303 SLEEP LAB	0.228751	0	188,082	0	0	73.03
73.04	03950 DIETARY EDUCATION	1.042007	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC						88.00
90.00	09000 CLINIC	0.747004	0	277,717	44	0	90.00
90.01	09001 GERI PSYCH CLINIC	0.555837	0	650,897	0	0	90.01
90.02	09002 ORTHO AND CARDIO CLINIC	3.539241	0	148,670	0	0	90.02
90.03	09003 GENERAL SURGERY CLINIC	2.553657	0	87,793	0	0	90.03
90.04	09004 GAPC AND #3 CLINIC	1.477924	0	77,568	0	0	90.04
91.00	09100 EMERGENCY	0.322473	0	3,612,975	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.770383	0	408,649	0	0	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.421178	0	61,005	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.702572		0			95.00
200.00	Subtotal (see instructions)		0	40,589,440	473	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		0	40,589,440	473	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part V
Date/Time Prepared:
5/25/2021 9:19 am

			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	1,266,962	0		50.00
51.00	05100	RECOVERY ROOM	200,080	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	89,957	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,546,285	0		54.00
56.00	05600	RADIOISOTOPE	106,702	0		56.00
60.00	06000	LABORATORY	1,313,009	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	20,104	0		63.00
64.00	06400	INTRAVENOUS THERAPY	86,715	0		64.00
65.00	06500	RESPIRATORY THERAPY	78,192	0		65.00
66.00	06600	PHYSICAL THERAPY	588,773	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	52,412	0		67.00
68.00	06800	SPEECH PATHOLOGY	7,336	0		68.00
69.00	06900	ELECTROCARDIOLOGY	25,127	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	263,538	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	509,375	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	636,304	76		73.00
73.01	07301	CARDIAC REHAB	62,354	0		73.01
73.02	07302	WOUND CARE	234,321	0		73.02
73.03	07303	SLEEP LAB	43,024	0		73.03
73.04	03950	DIETARY EDUCATION	0	0		73.04
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC				88.00
90.00	09000	CLINIC	207,456	33		90.00
90.01	09001	GERI PSYCH CLINIC	361,793	0		90.01
90.02	09002	ORTHO AND CARDIO CLINIC	526,179	0		90.02
90.03	09003	GENERAL SURGERY CLINIC	224,193	0		90.03
90.04	09004	GAPC AND #3 CLINIC	114,640	0		90.04
91.00	09100	EMERGENCY	1,165,087	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	314,816	0		92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	25,694	0		93.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	10,070,428	109		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	10,070,428	109		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-1317 Component CCN: 14-5979		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 5/25/2021 9:19 am	
			Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-1317 Component CCN: 14-5979		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 5/25/2021 9:19 am	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	30,038,088	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	3,995,538	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	2,993,652	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	2,152,616	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	32,422,006	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	1,252,102	0.000000	56.00
60.00	06000	LABORATORY		0	0	0	23,932,977	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	512,297	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	2,905,660	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	4,417,903	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	8,360,157	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	1,868,933	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	117,810	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	1,649,074	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	6,263,840	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	19,200,200	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	17,703,895	0.000000	73.00
73.01	07301	CARDIAC REHAB		0	0	0	707,599	0.000000	73.01
73.02	07302	WOUND CARE		0	0	0	836,552	0.000000	73.02
73.03	07303	SLEEP LAB		0	0	0	1,037,489	0.000000	73.03
73.04	03950	DIETARY EDUCATION		0	0	0	95,436	0.000000	73.04
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	16,072,012	0.000000	88.00
90.00	09000	CLINIC		0	0	0	823,164	0.000000	90.00
90.01	09001	GERI PSYCH CLINIC		0	0	0	796,255	0.000000	90.01
90.02	09002	ORTHO AND CARDIO CLINIC		0	0	0	507,806	0.000000	90.02
90.03	09003	GENERAL SURGERY CLINIC		0	0	0	327,365	0.000000	90.03
90.04	09004	GAPC AND #3 CLINIC		0	0	0	320,137	0.000000	90.04
91.00	09100	EMERGENCY		0	0	0	13,535,638	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	1,356,654	0.000000	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER		0	0	0	124,102	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	196,326,957		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-1317 Component CCN: 14-5979		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 5/25/2021 9:19 am	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	11,837	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0.000000	20,470	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	131,418	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	205,490	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	4,082	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,439	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	16,752	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0.000000	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0.000000	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0.000000	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0.000000	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	0	88.00
90.00	09000	CLINIC	0.000000	1,372	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0.000000	0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0.000000	0	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0.000000	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0.000000	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			394,860	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1317

Period:

Worksheet D

Component CCN: 14-5979

From 10/01/2019
To 09/30/2020Part V
Date/Time Prepared:
5/25/2021 9:19 am

Title XVIII

Skilled Nursing
Facility

PPS

Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.222175	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.211270	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.170687	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.153037	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169859	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.261912	0	0	0	56.00
60.00	06000	LABORATORY	0.170860	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.176234	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.125900	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.215088	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.317461	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.270031	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.598506	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.040594	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.279242	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.309225	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.176298	0	0	2,162	73.00
73.01	07301	CARDIAC REHAB	0.187988	0	0	0	73.01
73.02	07302	WOUND CARE	0.884412	0	0	0	73.02
73.03	07303	SLEEP LAB	0.228751	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	1.042007	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC					88.00
90.00	09000	CLINIC	0.747004	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0.555837	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	3.539241	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	2.553657	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	1.477924	0	0	0	90.04
91.00	09100	EMERGENCY	0.322473	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.770383	0	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.421178	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.702572		0		95.00
200.00		Subtotal (see instructions)		0	0	2,162	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	0	2,162	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1317

Period:

Worksheet D

Component CCN: 14-5979

From 10/01/2019
To 09/30/2020Part V
Date/Time Prepared:
5/25/2021 9:19 am

Title XVIII

Skilled Nursing
Facility

PPS

	Cost Center Description	Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	56.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	381	73.00
73.01	07301	CARDIAC REHAB	0	0	73.01
73.02	07302	WOUND CARE	0	0	73.02
73.03	07303	SLEEP LAB	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	90.04
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0		95.00
200.00		Subtotal (see instructions)	0	381	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	381	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-1317 Component CCN: 14-5979		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 5/25/2021 9:19 am	
				Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB		0	0	0	0	0	73.01
73.02	07302	WOUND CARE		0	0	0	0	0	73.02
73.03	07303	SLEEP LAB		0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION		0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC		0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC		0	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC		0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC		0	0	0	0	0	90.04
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER		0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-1317 Component CCN: 14-5979		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 5/25/2021 9:19 am	
				Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	30,038,088	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	3,995,538	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	2,993,652	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	2,152,616	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	32,422,006	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	1,252,102	0.000000	56.00
60.00	06000	LABORATORY		0	0	0	23,932,977	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	512,297	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	2,905,660	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	4,417,903	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	8,360,157	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	1,868,933	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	117,810	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	1,649,074	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	6,263,840	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	19,200,200	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	17,703,895	0.000000	73.00
73.01	07301	CARDIAC REHAB		0	0	0	707,599	0.000000	73.01
73.02	07302	WOUND CARE		0	0	0	836,552	0.000000	73.02
73.03	07303	SLEEP LAB		0	0	0	1,037,489	0.000000	73.03
73.04	03950	DIETARY EDUCATION		0	0	0	95,436	0.000000	73.04
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	16,072,012	0.000000	88.00
90.00	09000	CLINIC		0	0	0	823,164	0.000000	90.00
90.01	09001	GERI PSYCH CLINIC		0	0	0	796,255	0.000000	90.01
90.02	09002	ORTHO AND CARDIO CLINIC		0	0	0	507,806	0.000000	90.02
90.03	09003	GENERAL SURGERY CLINIC		0	0	0	327,365	0.000000	90.03
90.04	09004	GAPC AND #3 CLINIC		0	0	0	320,137	0.000000	90.04
91.00	09100	EMERGENCY		0	0	0	13,535,638	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	1,356,654	0.000000	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER		0	0	0	124,102	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	196,326,957		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-1317 Component CCN: 14-5979		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 5/25/2021 9:19 am	
				Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0.000000	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0.000000	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0.000000	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0.000000	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	0	88.00
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0.000000	0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0.000000	0	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0.000000	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0.000000	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1317	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 5/25/2021 9:19 am
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)	4,287	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,774	2.00	
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00	
4.00	Semi-private room days (excluding swing-bed and observation bed days)	2,103	4.00	
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	273	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)	1,092	6.00	
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	12	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)	136	8.00	
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	1,003	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)	214	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)	988	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	160.07	19.00	
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	162.12	20.00	
21.00	Total general inpatient routine service cost (see instructions)	6,470,810	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)	1,921	24.00	
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	22,048	25.00	
26.00	Total swing-bed cost (see instructions)	2,150,066	26.00	
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	4,320,744	27.00	
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00	
29.00	Private room charges (excluding swing-bed charges)	0	29.00	
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00	
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00	
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00	
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00	
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00	
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00	
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	4,320,744	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)	1,557.58	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,562,253	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)	1,562,253	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet D-1

Date/Time Prepared:
5/25/2021 9:19 am

		Title XVIII		Hospital	Cost	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	171,455	36	4,762.64	24	114,303
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,285,171
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,961,727
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
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00	Total Program excludable cost (sum of lines 50 and 51)					0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					333,322
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					1,538,889
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					1,872,211
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					671
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,557.59
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,045,143

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet D-1

Date/Time Prepared:
5/25/2021 9:19 am

		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	484,123	6,470,810	0.074816	1,045,143	78,193	90.00
91.00 Nursing School cost	0	6,470,810	0.000000	1,045,143	0	91.00
92.00 Allied health cost	0	6,470,810	0.000000	1,045,143	0	92.00
93.00 All other Medical Education	0	6,470,810	0.000000	1,045,143	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 5/25/2021 9:19 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		995	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		995	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)		995	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		507	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		327,852	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		327,852	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)		327,852	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 5/25/2021 9:19 am
			Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT					43.00
44.00 CORONARY CARE UNIT					44.00
45.00 BURN INTENSIVE CARE UNIT					45.00
46.00 SURGICAL INTENSIVE CARE UNIT					46.00
47.00 OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					49.00
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					54.00
55.00 Target amount per discharge					55.00
56.00 Target amount (line 54 x line 55)					56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					57.00
58.00 Bonus payment (see instructions)					58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					61.00
62.00 Relief payment (see instructions)					62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					63.00
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					327,852 70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					329.50 71.00
72.00 Program routine service cost (line 9 x line 71)					167,057 72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0 73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					167,057 74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0 75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0.00 76.00
77.00 Program capital-related costs (line 9 x line 76)					0 77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0 78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0 79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0 80.00
81.00 Inpatient routine service cost per diem limitation					0.00 81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0 82.00
83.00 Reasonable inpatient routine service costs (see instructions)					167,057 83.00
84.00 Program inpatient ancillary services (see instructions)					110,099 84.00
85.00 Utilization review - physician compensation (see instructions)					0 85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					277,156 86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0 87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00 88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0 89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-1317

Period:

Worksheet D-1

Component CCN: 14-5979

From 10/01/2019
To 09/30/2020Date/Time Prepared:
5/25/2021 9:19 am

Title XVIII

Skilled Nursing
Facility

PPS

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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 5/25/2021 9:19 am
		Title XIX	Skilled Nursing Facility	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		995	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		995	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)		995	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		364	15.00
16.00	Nursery days (title V or XIX only)		60	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		327,852	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		327,852	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)		327,852	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 5/25/2021 9:19 am
			Title XIX	Skilled Nursing Facility	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT					43.00
44.00 CORONARY CARE UNIT					44.00
45.00 BURN INTENSIVE CARE UNIT					45.00
46.00 SURGICAL INTENSIVE CARE UNIT					46.00
47.00 OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					49.00
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					54.00
55.00 Target amount per discharge					55.00
56.00 Target amount (line 54 x line 55)					56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					57.00
58.00 Bonus payment (see instructions)					58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					61.00
62.00 Relief payment (see instructions)					62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					63.00
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)				327,852	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				329.50	71.00
72.00 Program routine service cost (line 9 x line 71)				0	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)				0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)				0	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				15,789	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)				15.87	76.00
77.00 Program capital-related costs (line 9 x line 76)				0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)				0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)				0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0	80.00
81.00 Inpatient routine service cost per diem limitation				0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)				0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)				0	83.00
84.00 Program inpatient ancillary services (see instructions)				0	84.00
85.00 Utilization review - physician compensation (see instructions)				0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)				0	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)				0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)				0	89.00

COMPUTATION OF INPATIENT OPERATING COST

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

 Period:
 From 10/01/2019
 To 09/30/2020

 Worksheet D-1
 Date/Time Prepared:
 5/25/2021 9:19 am

Title XIX

 Skilled Nursing
 Facility

PPS

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

Health Financial Systems		GIBSON AREA HOSPITAL AND HEALTH SVCS		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-1317	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 5/25/2021 9:19 am
			Title XVIII	Hospital	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		2,913,218	30.00
31.00	03100	INTENSIVE CARE UNIT		81,375	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.222175	3,714,089	50.00
51.00	05100	RECOVERY ROOM	0.211270	274,368	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.170687	54,345	52.00
53.00	05300	ANESTHESIOLOGY	0.153037	136,746	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169859	1,092,259	54.00
56.00	05600	RADIOISOTOPE	0.261912	9,888	56.00
60.00	06000	LABORATORY	0.170860	820,039	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.176234	159,995	63.00
64.00	06400	INTRAVENOUS THERAPY	0.125900	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.215088	1,186,530	65.00
66.00	06600	PHYSICAL THERAPY	0.317461	377,330	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.270031	206,708	67.00
68.00	06800	SPEECH PATHOLOGY	0.598506	6,994	68.00
69.00	06900	ELECTROCARDIOLOGY	0.040594	39,606	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.279242	752,407	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.309225	6,443,287	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.176298	2,047,014	73.00
73.01	07301	CARDIAC REHAB	0.187988	0	73.01
73.02	07302	WOUND CARE	0.884412	0	73.02
73.03	07303	SLEEP LAB	0.228751	0	73.03
73.04	03950	DIETARY EDUCATION	1.042007	10,506	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
90.00	09000	CLINIC	0.747004	395	90.00
90.01	09001	GERI PSYCH CLINIC	0.555837	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	3.539241	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	2.553657	0	90.03
90.04	09004	GAPC AND #3 CLINIC	1.477924	0	90.04
91.00	09100	EMERGENCY	0.322473	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.770383	5,364	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.421178	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		17,337,870	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)		17,337,870	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-1317 Component CCN: 14-Z317	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 5/25/2021 9:19 am	
Cost Center Description			Title XVIII	Swing Beds - SNF	Cost	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.222175	0	0	50.00
51.00	05100	RECOVERY ROOM	0.211270	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.170687	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.153037	461	71	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169859	157,785	26,801	54.00
56.00	05600	RADIOISOTOPE	0.261912	0	0	56.00
60.00	06000	LABORATORY	0.170860	204,406	34,925	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.176234	5,541	977	63.00
64.00	06400	INTRAVENOUS THERAPY	0.125900	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.215088	753,736	162,120	65.00
66.00	06600	PHYSICAL THERAPY	0.317461	442,700	140,540	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.270031	347,521	93,841	67.00
68.00	06800	SPEECH PATHOLOGY	0.598506	1,419	849	68.00
69.00	06900	ELECTROCARDIOLOGY	0.040594	13,080	531	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.279242	34,595	9,660	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.309225	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.176298	716,348	126,291	73.00
73.01	07301	CARDIAC REHAB	0.187988	0	0	73.01
73.02	07302	WOUND CARE	0.884412	42,915	37,955	73.02
73.03	07303	SLEEP LAB	0.228751	0	0	73.03
73.04	03950	DIETARY EDUCATION	1.042007	0	0	73.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
90.00	09000	CLINIC	0.747004	366	273	90.00
90.01	09001	GERI PSYCH CLINIC	0.555837	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	3.539241	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	2.553657	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	1.477924	0	0	90.04
91.00	09100	EMERGENCY	0.322473	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.770383	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.421178	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,720,873	634,834	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		2,720,873		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 5/25/2021 9:19 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.222175	0	0	50.00
51.00	05100 RECOVERY ROOM	0.211270	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.170687	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.153037	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.169859	11,837	2,011	54.00
56.00	05600 RADIOISOTOPE	0.261912	0	0	56.00
60.00	06000 LABORATORY	0.170860	20,470	3,498	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.176234	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.125900	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.215088	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.317461	131,418	41,720	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.270031	205,490	55,489	67.00
68.00	06800 SPEECH PATHOLOGY	0.598506	4,082	2,443	68.00
69.00	06900 ELECTROCARDIOLOGY	0.040594	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.279242	3,439	960	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.309225	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.176298	16,752	2,953	73.00
73.01	07301 CARDIAC REHAB	0.187988	0	0	73.01
73.02	07302 WOUND CARE	0.884412	0	0	73.02
73.03	07303 SLEEP LAB	0.228751	0	0	73.03
73.04	03950 DIETARY EDUCATION	1.042007	0	0	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
90.00	09000 CLINIC	0.747004	1,372	1,025	90.00
90.01	09001 GERI PSYCH CLINIC	0.555837	0	0	90.01
90.02	09002 ORTHO AND CARDIO CLINIC	3.539241	0	0	90.02
90.03	09003 GENERAL SURGERY CLINIC	2.553657	0	0	90.03
90.04	09004 GAPC AND #3 CLINIC	1.477924	0	0	90.04
91.00	09100 EMERGENCY	0.322473	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.770383	0	0	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.421178	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		394,860	110,099	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)		394,860		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 5/25/2021 9:19 am
		Title XVIII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		10,070,537	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		10,070,537	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)		10,171,242	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)		101,962	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		6,619,346	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		3,449,934	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		3,449,934	30.00
31.00	Primary payer payments		305	31.00
32.00	Subtotal (line 30 minus line 31)		3,449,629	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)		429,420	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		279,123	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		253,579	36.00
37.00	Subtotal (see instructions)		3,728,752	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		3,728,752	40.00
40.01	Sequestration adjustment (see instructions)		43,254	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		3,354,036	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		331,462	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
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

Health Financial Systems		GIBSON AREA HOSPITAL AND HEALTH SVCS		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 5/25/2021 9:19 am	
		Component CCN: 14-5979			
		Title XVIII	Skilled Nursing Facility	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		381	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00	
3.00	OPPS payments			3.00	
4.00	Outlier payment (see instructions)			4.00	
4.01	Outlier reconciliation amount (see instructions)			4.01	
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00	
6.00	Line 2 times line 5		0	6.00	
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00	
8.00	Transitional corridor payment (see instructions)		0	8.00	
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00	
10.00	Organ acquisitions		0	10.00	
11.00	Total cost (sum of lines 1 and 10) (see instructions)		381	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		2,162	12.00	
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00	
14.00	Total reasonable charges (sum of lines 12 and 13)		2,162	14.00	
Customary charges					
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00	
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00	
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00	
18.00	Total customary charges (see instructions)		2,162	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,781	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)		381	21.00	
22.00	Interns and residents (see instructions)		0	22.00	
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00	
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00	
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00	
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			26.00	
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		381	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)		381	30.00	
31.00	Primary payer payments		0	31.00	
32.00	Subtotal (line 30 minus line 31)		381	32.00	
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00	
34.00	Allowable bad debts (see instructions)		0	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00	
37.00	Subtotal (see instructions)		381	37.00	
38.00	MSP-LCC reconciliation amount from PS&R			38.00	
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00	
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97	
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98	
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99	
40.00	Subtotal (see instructions)		381	40.00	
40.01	Sequestration adjustment (see instructions)		4	40.01	
40.02	Demonstration payment adjustment amount after sequestration		0	40.02	
40.03	Sequestration adjustment-PARHM pass-throughs			40.03	
41.00	Interim payments		381	41.00	
41.01	Interim payments-PARHM			41.01	
42.00	Tentative settlement (for contractors use only)		0	42.00	
42.01	Tentative settlement-PARHM (for contractor use only)			42.01	
43.00	Balance due provider/program (see instructions)		-4	43.00	
43.01	Balance due provider/program-PARHM (see instructions)			43.01	
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00	
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)			90.00	
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00	
92.00	The rate used to calculate the Time Value of Money			92.00	
93.00	Time Value of Money (see instructions)			93.00	
94.00	Total (sum of lines 91 and 93)			94.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part I
Date/Time Prepared:
5/25/2021 9:19 am

		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		5,905,477		3,673,667	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	05/26/2020	305,527		0	3.01
3.02		09/02/2020	65,124		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	05/26/2020	278,705	3.50
3.51			0	09/02/2020	40,926	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)		370,651		-319,631	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		6,276,128		3,354,036	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		331,462	6.01
6.02	SETTLEMENT TO PROGRAM		684,693		0	6.02
7.00	Total Medicare program liability (see instructions)		5,591,435		3,685,498	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

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

 Period:
 From 10/01/2019
 To 09/30/2020

 Worksheet E-1
 Part I
 Date/Time Prepared:
 5/25/2021 9:19 am

		Title XVIII		Swing Beds - SNF		Cost
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,802,086		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	05/26/2020	25,187		0	3.01
3.02		09/02/2020	6,652		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)		31,839		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,833,925		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		358,972		0	6.02
7.00	Total Medicare program liability (see instructions)		2,474,953		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

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

 Period:
 From 10/01/2019
 To 09/30/2020

 Worksheet E-1
 Part I
 Date/Time Prepared:
 5/25/2021 9:19 am

Title XVIII

 Skilled Nursing
 Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		204,661		381	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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		204,661		381	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		4	6.02
7.00	Total Medicare program liability (see instructions)		204,661		377	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: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part II
Date/Time Prepared:
5/25/2021 9:19 am

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

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 14-1317 Component CCN: 14-Z317	Period: From 10/01/2019 To 09/30/2020	Worksheet E-2 Date/Time Prepared: 5/25/2021 9:19 am	
		Title XVIII	Swing Beds - SNF	Cost	
			Part A	Part B	
			1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient routine services - swing bed-SNF (see instructions)		1,890,933	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 and swing-bed pass-through, see instructions)		641,182	0	3.00
3.01	Nursing and allied health payment-PARHM (see instructions)				3.01
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)			0.00	4.00
5.00	Program days		1,202	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)			0	6.00
7.00	Utilization review - physician compensation - SNF optional method only		0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		2,532,115	0	8.00
9.00	Primary payer payments (see instructions)		0	0	9.00
10.00	Subtotal (line 8 minus line 9)		2,532,115	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	0	11.00
12.00	Subtotal (line 10 minus line 11)		2,532,115	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		28,116	0	13.00
14.00	80% of Part B costs (line 12 x 80%)			0	14.00
15.00	Subtotal (see instructions)		2,503,999	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)				16.50
16.55	Rural community hospital demonstration project (\$410A Demonstration) payment adjustment (see instructions)		0		16.55
16.99	Demonstration payment adjustment amount before sequestration		0	0	16.99
17.00	Allowable bad debts (see instructions)		0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)		0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	0	18.00
19.00	Total (see instructions)		2,503,999	0	19.00
19.01	Sequestration adjustment (see instructions)		29,046	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)		0	0	19.02
19.03	Sequestration adjustment-PARHM pass-throughs				19.03
20.00	Interim payments		2,833,925	0	20.00
20.01	Interim payments-PARHM				20.01
21.00	Tentative settlement (for contractor use only)		0	0	21.00
21.01	Tentative settlement-PARHM (for contractor use only)				21.01
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)		-358,972	0	22.00
22.01	Balance due provider/program-PARHM (see instructions)				22.01
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	23.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))				201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))				202.00
203.00	Total (sum of lines 201 and 202)				203.00
204.00	Medicare swing-bed SNF discharges (see instructions)				204.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
205.00	Medicare swing-bed SNF target amount				205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)				206.00
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)				208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
Comparison of PPS versus Cost Reimbursement					
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)				215.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317	Period: From 10/01/2019 To 09/30/2020	Worksheet E-3 Part V Date/Time Prepared: 5/25/2021 9:19 am
		Title XVIII	Hospital	Cost
		1.00		
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT				
1.00	Inpatient services			5,961,727 1.00
2.00	Nursing and Allied Health Managed Care payment (see instructions)			0 2.00
3.00	Organ acquisition			0 3.00
4.00	Subtotal (sum of lines 1 through 3)			5,961,727 4.00
5.00	Primary payer payments			0 5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)			6,021,344 6.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
7.00	Routine service charges			0 7.00
8.00	Ancillary service charges			0 8.00
9.00	Organ acquisition charges, net of revenue			0 9.00
10.00	Total reasonable charges			0 10.00
Customary charges				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 11.00
12.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)			0.000000 13.00
14.00	Total customary charges (see instructions)			0 14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)			0 15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)			0 16.00
17.00	Cost of physicians' services in a teaching hospital (see instructions)			0 17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)			6,021,344 19.00
20.00	Deductibles (exclude professional component)			384,120 20.00
21.00	Excess reasonable cost (from line 16)			0 21.00
22.00	Subtotal (line 19 minus line 20 and 21)			5,637,224 22.00
23.00	Coinsurance			0 23.00
24.00	Subtotal (line 22 minus line 23)			5,637,224 24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			30,513 25.00
26.00	Adjusted reimbursable bad debts (see instructions)			19,833 26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			23,561 27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)			5,657,057 28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 29.00
29.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 29.50
29.99	Demonstration payment adjustment amount before sequestration			0 29.99
30.00	Subtotal (see instructions)			5,657,057 30.00
30.01	Sequestration adjustment (see instructions)			65,622 30.01
30.02	Demonstration payment adjustment amount after sequestration			0 30.02
30.03	Sequestration adjustment-PARHM			0 30.03
31.00	Interim payments			6,276,128 31.00
31.01	Interim payments-PARHM			0 31.01
32.00	Tentative settlement (for contractor use only)			0 32.00
32.01	Tentative settlement-PARHM (for contractor use only)			0 32.01
33.00	Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32)			-684,693 33.00
33.01	Balance due provider/program-PARHM (lines 2, 3, 18, and 26, minus lines 30.03, 31.01, and 32.01)			0 33.01
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2019 To 09/30/2020	Worksheet E-3 Part VI Date/Time Prepared: 5/25/2021 9:19 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		248,334	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		248,334	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		41,294	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		207,040	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		207,040	15.00
15.01	Sequestration adjustment (see instructions)		2,379	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
15.75	Sequestration for non-claims based amounts (see instructions)		0	15.75
16.00	Interim payments		204,661	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 15.75, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317	Period: From 10/01/2019 To 09/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 5/25/2021 9:19 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0		13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments			0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0		26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2019 To 09/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 5/25/2021 9:19 am
		Title XIX	Skilled Nursing Facility	PPS
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0		32.00
33.00	Coinurance	0		33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

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

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet G

Date/Time Prepared:
5/25/2021 9:19 am

		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	202,526	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	49,678,745	0	0	0	4.00
5.00	Other receivable	1,337,244	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-27,963,867	0	0	0	6.00
7.00	Inventory	1,438,968	0	0	0	7.00
8.00	Prepaid expenses	1,389,600	0	0	0	8.00
9.00	Other current assets	9,647,503	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)	35,730,719	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,539,066	0	0	0	12.00
13.00	Land improvements	2,074,102	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	46,434,051	0	0	0	15.00
16.00	Accumulated depreciation	-49,575,258	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	29,161,997	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	1,559,020	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	31,192,978	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	2,133,816	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	883,936	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,017,752	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	69,941,449	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,963,239	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,862,097	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,330,304	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	6,564,286	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	24,719,926	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	13,348,699	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,419,967	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	14,768,666	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	39,488,592	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	30,452,857	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	30,452,857	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	69,941,449	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet G-1

Date/Time Prepared:
5/25/2021 9:19 am

		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		23,818,996		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		6,633,864				2.00
3.00	Total (sum of line 1 and line 2)		30,452,860		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	ROUNDING	0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		30,452,860		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	ROUNDING	3		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)		3		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		30,452,857		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	ROUNDING		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	ROUNDING		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
5/25/2021 9:19 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	14,835,953		14,835,953	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	1,729,359		1,729,359	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	148,431		148,431	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	3,719,024		3,719,024	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	20,432,767		20,432,767	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	117,180		117,180	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)	117,180		117,180	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	20,549,947		20,549,947	17.00
18.00	Ancillary services	48,273,084	127,614,979	175,888,063	18.00
19.00	Outpatient services	1,554,885	32,705,291	34,260,176	19.00
20.00	RURAL HEALTH CLINIC	0	15,920,327	15,920,327	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	5,360,398	5,360,398	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	10,523	9,333,689	9,344,212	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	70,388,439	190,934,684	261,323,123	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		110,611,336		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		110,611,336		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2019
To 09/30/2020

Worksheet G-3

Date/Time Prepared:
5/25/2021 9:19 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	261,323,123	1.00
2.00	Less contractual allowances and discounts on patients' accounts	159,380,428	2.00
3.00	Net patient revenues (line 1 minus line 2)	101,942,695	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	110,611,336	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-8,668,641	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	436,646	6.00
7.00	Income from investments	286,176	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	1,112,857	24.00
24.01	GRANT INCOME	909,297	24.01
24.02	REALIZED GAIN	78,642	24.02
24.03	RETAIL PHARMACY AND 340B PHARMACY	4,665,570	24.03
24.04	UNREALIZED GAINS	365,583	24.04
24.05	OTHER (SPECIFY)	0	24.05
24.50	COVID-19 PHE Funding	7,447,734	24.50
25.00	Total other income (sum of lines 6-24)	15,302,505	25.00
26.00	Total (line 5 plus line 25)	6,633,864	26.00
27.00	ACCOUNTS IN MISC REV ON AFS	0	27.00
27.01	OTHER EXPENSES (SPECIFY)	0	27.01
27.02	CHANGE IN TEMP RESTRICT NET ASSETS	0	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	6,633,864	29.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-1317

Period:

Worksheet M-1

Component CCN: 14-3408

From 10/01/2019

To 09/30/2020

Date/Time Prepared:

5/25/2021 9:19 am

				RHC I		Cost	
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	4,800,913	0	4,800,913	887,961	5,688,874	1.00
2.00	Physician Assistant	363,364	0	363,364	12,641	376,005	2.00
3.00	Nurse Practitioner	1,656,520	0	1,656,520	514,233	2,170,753	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	0	0	5.00
6.00	Clinical Psychologist	12,965	86,400	99,365	520,123	619,488	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	2,035,715	0	2,035,715	-75,038	1,960,677	9.00
10.00	Subtotal (sum of lines 1 through 9)	8,869,477	86,400	8,955,877	1,859,920	10,815,797	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	879,748	879,748	-46,124	833,624	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	112,706	0	112,706	-4,154	108,552	19.00
20.00	Allowable GME Costs						20.00
21.00	Subtotal (sum of lines 15 through 20)	112,706	879,748	992,454	-50,278	942,176	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	8,982,183	966,148	9,948,331	1,809,642	11,757,973	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	117,955	143,710	261,665	0	261,665	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs						27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	117,955	143,710	261,665	0	261,665	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	179,727	179,727	258,935	438,662	29.00
30.00	Administrative Costs	1,324,716	881,981	2,206,697	701,511	2,908,208	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	1,324,716	1,061,708	2,386,424	960,446	3,346,870	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	10,424,854	2,171,566	12,596,420	2,770,088	15,366,508	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-1317

Period:

Worksheet M-1

Component CCN: 14-3408

From 10/01/2019
To 09/30/2020Date/Time Prepared:
5/25/2021 9:19 am

		RHC I		Cost
		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	-61,691	5,627,183	1.00
2.00	Physician Assistant	0	376,005	2.00
3.00	Nurse Practitioner	0	2,170,753	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	0	5.00
6.00	Clinical Psychologist	0	619,488	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	1,960,677	9.00
10.00	Subtotal (sum of lines 1 through 9)	-61,691	10,754,106	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	833,624	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	108,552	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	942,176	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-61,691	11,696,282	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	261,665	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	261,665	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	-41,317	397,345	29.00
30.00	Administrative Costs	-13,118	2,895,090	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-54,435	3,292,435	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-116,126	15,250,382	32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 14-1317

Period:

Worksheet M-2

Component CCN: 14-3408

From 10/01/2019
To 09/30/2020Date/Time Prepared:
5/25/2021 9:19 am

				RHC I		Cost	
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3) 4	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY							
Positions							
1.00	Physician	6.70	27,757	4,200	28,140		1.00
2.00	Physician Assistant	1.45	5,285	2,100	3,045		2.00
3.00	Nurse Practitioner	8.71	23,121	2,100	18,291		3.00
4.00	Subtotal (sum of lines 1 through 3)	16.86	56,163		49,476	56,163	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	4.20	3,711			3,711	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	21.06	59,874			59,874	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)					11,696,282	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					261,665	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					11,957,947	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					0.978118	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					3,292,435	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					5,540,400	15.00
16.00	Total overhead (sum of lines 14 and 15)					8,832,835	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					8,832,835	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					8,639,555	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					20,335,837	20.00

Health Financial Systems		GIBSON AREA HOSPITAL AND HEALTH SVCS		In Lieu of Form CMS-2552-10		
CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-1317	Period: From 10/01/2019 To 09/30/2020	Worksheet M-3		
		Component CCN: 14-3408		Date/Time Prepared: 5/25/2021 9:19 am		
		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)			20,335,837	1.00	
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			498,585	2.00	
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			19,837,252	3.00	
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			59,874	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)			59,874	6.00	
7.00	Adjusted cost per visit (line 3 divided by line 6)			331.32	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	8.00	
9.00	Rate for Program covered visits (see instructions)			331.32	9.00	
CALCULATION OF SETTLEMENT						
10.00	Program covered visits excluding mental health services (from contractor records)			0	13,539	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)			0	4,485,741	11.00
12.00	Program covered visits for mental health services (from contractor records)			0	312	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)			0	103,372	13.00
14.00	Limit adjustment for mental health services (see instructions)			0	103,372	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)					15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *			0	4,589,113	16.00
16.01	Total program charges (see instructions)(from contractor's records)				3,239,912	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)				198,689	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)				281,427	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)				3,281,110	16.04
16.05	Total program cost (see instructions)			0	3,562,537	16.05
17.00	Primary payer amounts				0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)				206,299	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)				565,199	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)				3,562,537	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)				98,385	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)				3,660,922	22.00
23.00	Allowable bad debts (see instructions)				13,562	23.00
23.01	Adjusted reimbursable bad debts (see instructions)				8,815	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)				6,790	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)				0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)				0	25.50
25.99	Demonstration payment adjustment amount before sequestration				0	25.99
26.00	Net reimbursable amount (see instructions)				3,669,737	26.00
26.01	Sequestration adjustment (see instructions)				42,569	26.01
26.02	Demonstration payment adjustment amount after sequestration				0	26.02
27.00	Interim payments				3,560,719	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)				66,449	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2				0	30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 14-1317 Component CCN: 14-3408	Period: From 10/01/2019 To 09/30/2020	Worksheet M-4 Date/Time Prepared: 5/25/2021 9:19 am	
		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)		10,754,106	10,754,106	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.000444	0.001357	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		4,775	14,593	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		212,280	55,112	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		217,055	69,705	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		11,696,282	11,696,282	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		8,639,555	8,639,555	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.018558	0.005960	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		160,333	51,492	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		377,388	121,197	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		1,099	3,330	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		343.39	36.40	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		198	835	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		67,991	30,394	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)			498,585	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)			98,385	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-1317 Component CCN: 14-3408	Period: From 10/01/2019 To 09/30/2020	Worksheet M-5 Date/Time Prepared: 5/25/2021 9:19 am
		RHC I	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		3,338,885	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		05/26/2020	154,325	3.01
3.02		09/02/2020	67,509	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)		221,834	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		3,560,719	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		66,449	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		3,627,168	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00
8.00	Name of Contractor			8.00