

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 10/01/2020 To 09/30/2021	Worksheet S Parts I-III Date/Time Prepared: 2/24/2022 9:28 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 2/24/2022	Time: 9:28 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 BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)

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 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 10/01/2020 and ending 09/30/2021 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.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Date			4

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	-1,051,606	-1,933,168	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	101,220	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	-13		0	7.00
10.00 RURAL HEALTH CLINIC I	0		-22,675		0	10.00
200.00 Total	0	-950,386	-1,955,856	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 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/24/2022 9:28 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	99914	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	142317	99914		12/31/2002	N	O	N
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF		GIBSON HOSPITAL ANNEX SNF	145979	99914		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	99914		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)						10/01/2020	09/30/2021		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
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? 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		22.04
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 10/01/2020
To 09/30/2021Worksheet S-2
Part I
Date/Time Prepared:
2/24/2022 9:28 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 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "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 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/24/2022 9:28 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 10/01/2020
To 09/30/2021Worksheet S-2
Part I
Date/Time Prepared:
2/24/2022 9:28 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1317	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part I Date/Time Prepared: 2/24/2022 9:28 am	
			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 10/01/2020 To 09/30/2021	Worksheet S-2 Part I Date/Time Prepared: 2/24/2022 9:28 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:	588,738	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.	Y	5.02	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 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/24/2022 9:28 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	Y	Y	N	N				155.00	
156.00	Subprovider - IPF	N	N	N	N				156.00	
157.00	Subprovider - IRF	N	N	N	N				157.00	
158.00	SUBPROVIDER								158.00	
159.00	SNF	N	N	N	N				159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N				160.00	
161.00	CMHC		N	N	N				161.00	
								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 10/01/2020 To 09/30/2021		Worksheet S-2 Part II Date/Time Prepared: 2/24/2022 9:28 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	01/26/2022	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 a nursing program? 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 programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			Y	12/14/2021	Y	12/14/2021
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			N		N	
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 10/01/2020 To 09/30/2021	Worksheet S-2 Part II Date/Time Prepared: 2/24/2022 9:28 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.		N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N	31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		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 10/01/2020
To 09/30/2021Worksheet S-2
Part II
Date/Time Prepared:
2/24/2022 9:28 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 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/24/2022 9:28 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	8,395	71,176.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		23	8,395	71,176.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	2	730	624.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		25	9,125	71,800.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	5	1,825		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	46.00	37	13,505			21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RHC (CONSOLIDATED)	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		67				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/24/2022 9:28 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)	1,355	20	2,750			1.00
2.00	HMO and other (see instructions)	401	383				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	693	0	812			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	48			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	2,048	20	3,610			7.00
8.00	INTENSIVE CARE UNIT	16	0	26			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		39	361			13.00
14.00	Total (see instructions)	2,064	59	3,997	0.00	551.11	14.00
15.00	CAH visits	17,417	834	70,872			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	74	0	634	0.00	1.44	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE			9,820	0.00	22.26	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)	12,709	815	61,413	0.00	103.43	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	678.24	27.00
28.00	Observation Bed Days		5	885			28.00
29.00	Ambulance Trips	732					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	2	150			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 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/24/2022 9:28 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	388	7	923	1.00
2.00 HMO and other (see instructions)			101	167		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	388	7	923	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				0	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

Health Financial Systems		GIBSON AREA HOSPITAL AND HEALTH SVCS		In Lieu of Form CMS-2552-10			
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-1317 Component CCN: 14-3408		Period: From 10/01/2020 To 09/30/2021 Worksheet S-8 Date/Time Prepared: 2/24/2022 9:28 am			
		RHC I		Cost			
		1.00					
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		FARMER CITY CLINIC		148517		14.04	
14.05		GIBSON AREA MEDICAL CLINIC		148546		14.05	
14.06		GIBSON CITY CLINIC		148559		14.06	
14.07		FAMILY HEALTH CARE OF CISSNA PARK		148593		14.07	
14.08		FAMILY HEALTH CARE OF MAHOMET		148600		14.08	
14.09		WATSEKA CLINIC		148609		14.09	
14.10		GIBSON AREA PRIMARY CARE		148516		14.10	
		Y/N	V	XVIII	XIX	Total Visits	
		1.00	2.00	3.00	4.00	5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)						15.00

MCRIF32 - 17.2.173.2

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-1317	Period: From 10/01/2020 To 09/30/2021	Worksheet S-10 Date/Time Prepared: 2/24/2022 9:28 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)		0.315654		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		1,262,742		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		3,930,853		5.00
6.00	Medicaid charges		36,473,484		6.00
7.00	Medicaid cost (line 1 times line 6)		11,513,001		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)		6,319,406		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		101,663		9.00
10.00	Stand-alone CHIP charges		346,122		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		109,255		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		7,592		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)		6,326,998		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)	2,062,637	1,044,729	3,107,366	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	651,080	1,044,729	1,695,809	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)	651,080	1,044,729	1,695,809	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)		3,861,243		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		337,650		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		519,462		27.01
28.00	Non-Medicare bad debt expense (see instructions)		3,341,781		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,236,659		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		2,932,468		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,259,466		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021

Worksheet A

Date/Time Prepared:
2/24/2022 9:28 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		4,292,291	4,292,291	-2,829,623	1,462,668	1.00
1.01	00101	OB UNIT - BLDG & FIXT		0	0	306,344	306,344	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	12,678	12,678	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	15,724	15,724	1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC		0	0	152,940	152,940	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	10,715	10,715	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER		0	0	413	413	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION		0	0	6,901	6,901	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	5,367	5,367	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK		0	0	10,141	10,141	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	13,612	13,612	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE		0	0	13,110	13,110	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED		0	0	12,878	12,878	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	2,764,644	2,764,644	2.00
3.00	00300	OTHER CAP REL COSTS		126,014	126,014	0	126,014	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	461,716	15,011,992	15,473,708	-1,128,716	14,344,992	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,737,488	1,695,724	3,433,212	-1,257,270	2,175,942	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	5,587,560	8,417,281	14,004,841	214,820	14,219,661	5.02
7.00	00700	OPERATION OF PLANT	603,007	1,386,320	1,989,327	-301,684	1,687,643	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	39,301	131,113	170,414	301,684	472,098	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	302,357	90,971	393,328	0	393,328	8.00
9.00	00900	HOUSEKEEPING	493,228	80,103	573,331	0	573,331	9.00
10.00	01000	DIETARY	532,720	487,234	1,019,954	-424,439	595,515	10.00
11.00	01100	CAFETERIA	0	0	0	358,106	358,106	11.00
13.00	01300	NURSING ADMINISTRATION	341,268	80,852	422,120	0	422,120	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	375,699	375,699	0	375,699	14.00
15.00	01500	PHARMACY	660,963	319,356	980,319	0	980,319	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	313,458	184,972	498,430	0	498,430	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,125,645	316,478	4,442,123	-803,330	3,638,793	30.00
31.00	03100	INTENSIVE CARE UNIT	3,039	6,919	9,958	42,793	52,751	31.00
43.00	04300	NURSERY	0	0	0	537,287	537,287	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	97,746	97,746	44.00
46.00	04600	OTHER LONG TERM CARE	1,478,743	132,982	1,611,725	2,185	1,613,910	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,052,980	1,152,992	3,205,972	0	3,205,972	50.00
51.00	05100	RECOVERY ROOM	441,282	32,123	473,405	0	473,405	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	223,250	223,250	52.00
53.00	05300	ANESTHESIOLOGY	1,845,323	582,125	2,427,448	82,529	2,509,977	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,368,041	2,227,130	4,595,171	-63,633	4,531,538	54.00
56.00	05600	RADIOISOTOPE	0	107,015	107,015	82,547	189,562	56.00
60.00	06000	LABORATORY	1,072,580	2,315,596	3,388,176	0	3,388,176	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	105,871	105,871	0	105,871	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	470,622	83,607	554,229	-35,117	519,112	65.00
66.00	06600	PHYSICAL THERAPY	1,273,827	143,962	1,417,789	0	1,417,789	66.00
67.00	06700	OCCUPATIONAL THERAPY	296,577	5,120	301,697	0	301,697	67.00
68.00	06800	SPEECH PATHOLOGY	27,551	51,924	79,475	0	79,475	68.00
69.00	06900	ELECTROCARDIOLOGY	0	18,279	18,279	35,117	53,396	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,658,846	1,658,846	0	1,658,846	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,076,750	5,076,750	0	5,076,750	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,148,805	2,148,805	0	2,148,805	73.00
73.01	07301	CARDIAC REHAB	35,589	7,062	42,651	0	42,651	73.01
73.02	07302	WOUND CARE	447,608	56,200	503,808	1,968	505,776	73.02
73.03	07303	SLEEP LAB	85,473	119,554	205,027	0	205,027	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	66,333	66,333	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	10,678,172	2,491,197	13,169,369	2,039,745	15,209,114	88.00
90.00	09000	CLINIC	248,707	28,121	276,828	16,364	293,192	90.00
90.01	09001	GERI PSYCH CLINIC	161,012	143,392	304,404	14,047	318,451	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	2,858,443	3,216,157	6,074,600	145,279	6,219,879	90.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021

Worksheet A

Date/Time Prepared:
2/24/2022 9:28 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	1,532,017	249,882	1,781,899	68,793	1,850,692	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	0	0	0	553,658	553,658	90.05
91.00	09100	EMERGENCY	1,381,682	2,585,213	3,966,895	0	3,966,895	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								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	2,157,211	203,894	2,361,105	71,577	2,432,682	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		1,249,427	1,249,427	-1,249,427	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	46,115,190	59,196,545	105,311,735	438,511	105,750,246	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	87,442	155,428	242,870	0	242,870	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	237,982	24,224	262,206	11,851	274,057	194.02
194.03	07953	WELLNESS CENTER	144,193	11,994	156,187	0	156,187	194.03
194.04	07954	PSYCH CLINIC	677,872	524,132	1,202,004	-224,131	977,873	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	46,130	46,130	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	155,291	28,750	184,041	7,812	191,853	194.07
194.08	07958	340B PHARMACY	0	630,402	630,402	0	630,402	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	132,298	5,678	137,976	0	137,976	194.10
194.11	07961	PULMONARY CLINIC	1,510,035	594,559	2,104,594	-463,790	1,640,804	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	983,000	252,036	1,235,036	57,433	1,292,469	194.16
194.17	07967	ELITE PERFORMANCE	1,346,141	252,580	1,598,721	35,846	1,634,567	194.17
194.18	07968	GAFM	614,728	179,394	794,122	35,975	830,097	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	78,110	26,677	104,787	15,818	120,605	194.20
194.21	07971	FAMILY H.C. FAIRBURY	368,441	134,438	502,879	23,655	526,534	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	280,463	591,875	872,338	13,582	885,920	194.26
194.27	07977	RETAIL PHARMACY	425,023	2,124,032	2,549,055	1,308	2,550,363	194.27
194.28	07978	CP THERAPY	173,046	67,880	240,926	0	240,926	194.28
200.00		TOTAL (SUM OF LINES 118 through 199)	53,329,255	64,800,624	118,129,879	0	118,129,879	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021

Worksheet A

Date/Time Prepared:
2/24/2022 9:28 am

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	-43,885	1,418,783	1.00
1.01	00101	OB UNIT - BLDG & FIXT	-9,216	297,128	1.01
1.02	00102	B&F - ONARGA RHC	0	8,407	1.02
1.04	00104	B&F - FARMER CITY RURAL HEALTH CLIN	0	12,678	1.04
1.05	00105	B&F - HOOPESTON RURAL HEALTH CLINIC	0	69,347	1.05
1.07	00107	B&F - FORREST RURAL HEALTH CLINIC	0	15,724	1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	0	152,940	1.09
1.10	00110	B&F - MAHOMET SPECIALTY CLINIC	0	51,720	1.10
1.11	00111	B&F - POTOMAC RURAL HEALTH CLINIC	0	10,715	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	0	413	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	6,901	1.14
1.15	00115	B&F - AMBULANCE STAFF RESIDENCE	0	6,836	1.15
1.16	00116	B&F - AMBULANCE BUILDING	0	24,790	1.16
1.17	00117	B&F - # 10 DOCTOR'S PARK	0	35,703	1.17
1.18	00118	B&F - COSMETOLOGY OFFICE	0	6,685	1.18
1.19	00119	B&F - ANESTHESIA HOUSE	0	5,367	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	10,141	1.20
1.21	00121	B&F - #4 DOCTOR'S PARK	0	2,519	1.21
1.22	00122	B&F - #8 DOCTOR'S PARK	0	14,783	1.22
1.25	00125	B&F - HARMS HOUSE/IT	0	29,665	1.25
1.26	00126	B&F - 9TH ST. EDUCATION HOUSE	0	13,612	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	13,110	1.27
1.28	00128	B&F - 2012 NEW STORAGE SHED	0	12,878	1.28
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-26,840	2,737,804	2.00
3.00	00300	OTHER CAP REL COSTS	-126,014	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-584,957	13,760,035	4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE	0	2,175,942	5.01
5.02	00501	ALL OTHER ADMIN & GENERAL	-3,191,425	11,028,236	5.02
7.00	00700	OPERATION OF PLANT	0	1,687,643	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	472,098	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	393,328	8.00
9.00	00900	HOUSEKEEPING	0	573,331	9.00
10.00	01000	DIETARY	0	595,515	10.00
11.00	01100	CAFETERIA	-40,824	317,282	11.00
13.00	01300	NURSING ADMINISTRATION	0	422,120	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	375,699	14.00
15.00	01500	PHARMACY	0	980,319	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-9,711	488,719	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	3,638,793	30.00
31.00	03100	INTENSIVE CARE UNIT	0	52,751	31.00
43.00	04300	NURSERY	0	537,287	43.00
44.00	04400	SKILLED NURSING FACILITY	0	97,746	44.00
46.00	04600	OTHER LONG TERM CARE	0	1,613,910	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	3,205,972	50.00
51.00	05100	RECOVERY ROOM	0	473,405	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	223,250	52.00
53.00	05300	ANESTHESIOLOGY	-2,408,754	101,223	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,783,323	2,748,215	54.00
56.00	05600	RADIOISOTOPE	0	189,562	56.00
60.00	06000	LABORATORY	-168,955	3,219,221	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	105,871	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	519,112	65.00
66.00	06600	PHYSICAL THERAPY	0	1,417,789	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	301,697	67.00
68.00	06800	SPEECH PATHOLOGY	0	79,475	68.00
69.00	06900	ELECTROCARDIOLOGY	0	53,396	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,658,846	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,076,750	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,148,805	73.00
73.01	07301	CARDIAC REHAB	0	42,651	73.01
73.02	07302	WOUND CARE	-147,229	358,547	73.02
73.03	07303	SLEEP LAB	-89,650	115,377	73.03
73.04	03950	DIETARY EDUCATION	0	66,333	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	-245,611	14,963,503	88.00
90.00	09000	CLINIC	0	293,192	90.00
90.01	09001	GERI PSYCH CLINIC	-34,500	283,951	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	-4,962,874	1,257,005	90.02
90.03	09003	GENERAL SURGERY CLINIC	-1,318,584	532,108	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	90.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021

Worksheet A

Date/Time Prepared:
2/24/2022 9:28 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
90.05	09005	ENT AND UROLOGY CLINIC	-293,973	259,685	90.05
91.00	09100	EMERGENCY	-1,424,296	2,542,599	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					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	-180,566	2,252,116	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-17,091,187	88,659,059	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	242,870	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	274,057	194.02
194.03	07953	WELLNESS CENTER	0	156,187	194.03
194.04	07954	PSYCH CLINIC	0	977,873	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	46,130	194.05
194.06	07956	LASER CLINIC	0	0	194.06
194.07	07957	PAIN CLINIC	0	191,853	194.07
194.08	07958	340B PHARMACY	0	630,402	194.08
194.09	07959	GAH CARDIOLOGY	0	0	194.09
194.10	07960	WIC	0	137,976	194.10
194.11	07961	PULMONARY CLINIC	0	1,640,804	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	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	1,292,469	194.16
194.17	07967	ELITE PERFORMANCE	0	1,634,567	194.17
194.18	07968	GAFM	0	830,097	194.18
194.19	07969	GAPC	0	0	194.19
194.20	07970	FHCF	0	120,605	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	526,534	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	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	885,920	194.26
194.27	07977	RETAIL PHARMACY	0	2,550,363	194.27
194.28	07978	CP THERAPY	0	240,926	194.28
200.00		TOTAL (SUM OF LINES 118 through 199)	-17,091,187	101,038,692	200.00

RECLASSIFICATIONS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-6

Date/Time Prepared:
2/24/2022 9:28 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	163,382		1.00
2.00	OB UNIT - BLDG & FIXT	1.01	0	103,288		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	293,378		3.00
4.00	RURAL HEALTH CLINIC	88.00	0	92,772		4.00
5.00	AMBULANCE SERVICES	95.00	0	6,340		5.00
6.00	MAHOMET SPECIALTY CLINIC	194.05	0	44,252		6.00
7.00	DENTAL CLINIC	194.26	0	13,582		7.00
8.00	ALL OTHER ADMIN & GENERAL	5.02	0	532,433		8.00
	TOTALS		0	1,249,427		
	B - CAFETERIA					
1.00	CAFETERIA	11.00	187,038	171,068		1.00
	TOTALS		187,038	171,068		
	C - OBSTETRICS					
1.00	NURSERY	43.00	480,693	56,594		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	199,734	23,516		2.00
	TOTALS		680,427	80,110		
	D - SNF DIRECT CARE COST					
1.00	SKILLED NURSING FACILITY	44.00	89,681	8,065		1.00
	TOTALS		89,681	8,065		
	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	2,411,018		1.00
2.00	OB UNIT - BLDG & FIXT	1.01	0	203,056		2.00
	TOTALS		0	2,614,074		
	G - CAPITAL INSURANCE EXP					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	197,768		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	59,330		2.00
	TOTALS		0	257,098		
	H - NUCLEAR MED & EKG TECH SALARY					
1.00	RADIOISOTOPE	56.00	82,547	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	35,117	0		2.00
	TOTALS		117,664	0		
	I - AMBULANCE BILLING COST					
1.00	AMBULANCE SERVICES	95.00	0	65,237		1.00
	TOTALS		0	65,237		
	J - RHC PHYSICIAN RECRUITMENT					
1.00	RURAL HEALTH CLINIC	88.00	0	118,097		1.00
	TOTALS		0	118,097		
	K - DIETARY EDUCATION					
1.00	DIETARY EDUCATION	73.04	0	66,333		1.00
	TOTALS		0	66,333		
	L - PRACTITIONERS BENEFITS					
1.00	ANESTHESIOLOGY	53.00	0	82,529		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	18,914		2.00
3.00	WOUND CARE	73.02	0	1,968		3.00
4.00	RURAL HEALTH CLINIC	88.00	0	901,705		4.00
5.00	ORTHO AND CARDIO CLINIC	90.02	0	78,969		5.00
6.00	GENERAL SURGERY CLINIC	90.03	0	40,702		6.00
7.00	ENT AND UROLOGY CLINIC	90.05	0	3,929		7.00
	TOTALS		0	1,128,716		
	M - OFFSITE UTILITIES					
1.00	OPERATION OF PLANT-OUTSIDE PROPERTY	7.01	0	301,684		1.00
	TOTALS		0	301,684		
	N - A&P FLOAT TO ICU					
1.00	INTENSIVE CARE UNIT	31.00	42,793	0		1.00
	TOTALS		42,793	0		
	O - OFFSITE BLDG DEPR					
1.00	B&F - FARMER CITY RURAL HEALTH CLIN	1.04	0	12,678		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	15,724		3.00
4.00	B&F - PAXTON RURAL HEALTH CLINIC	1.09	0	152,940		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	10,715		6.00
7.00	B&F - PAXTON WELLNESS CENTER	1.12	0	413		7.00

RECLASSIFICATIONS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-6

Date/Time Prepared:
2/24/2022 9:28 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00	B&F - PAXTON AMBULANCE STATION	1.14	0	6,901	8.00
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	5,367	13.00
14.00	B&F - #7 DOCTOR'S PARK	1.20	0	10,141	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	13,612	18.00
19.00	B&F - FALCON POINT RESIDENCE	1.27	0	13,110	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	20,382	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	ELITE PERFORMANCE	194.17	0	35,846	24.00
25.00	FHCF	194.20	0	9,810	25.00
26.00	RETAIL PHARMACY	194.27	0	1,308	26.00
	TOTALS		0	575,781	
Q - BWC VISITS RHC					
1.00	RURAL HEALTH CLINIC	88.00	0	271,298	1.00
	TOTALS		0	271,298	
T - RHC/ SNF BILLING/COLLECTIONS					
1.00	OTHER LONG TERM CARE	46.00	37,341	62,590	1.00
2.00	RURAL HEALTH CLINIC	88.00	257,672	431,900	2.00
3.00	CLINIC	90.00	6,115	10,249	3.00
4.00	GERI PSYCH CLINIC	90.01	5,249	8,798	4.00
5.00	ORTHO AND CARDIO CLINIC	90.02	24,778	41,532	5.00
6.00	GENERAL SURGERY CLINIC	90.03	10,497	17,594	6.00
7.00	ENT AND UROLOGY CLINIC	90.05	4,534	7,600	7.00
8.00	PLASTIC SURG & DR. CHUNG	194.02	4,428	7,423	8.00
9.00	PSYCH CLINIC	194.04	17,625	29,542	9.00
10.00	MAHOMET SPECIALTY CLINIC	194.05	702	1,176	10.00
11.00	PAIN CLINIC	194.07	2,919	4,893	11.00
12.00	PULMONARY CLINIC	194.11	27,579	46,226	12.00
13.00	FHGC	194.16	21,461	35,972	13.00
14.00	GAFM	194.18	13,443	22,532	14.00
15.00	FHCF	194.20	2,245	3,763	15.00
16.00	FAMILY H.C. FAIRBURY	194.21	8,839	14,816	16.00
	TOTALS		445,427	746,606	
U - CLINIC MOVES					
1.00	ENT AND UROLOGY CLINIC	90.05	335,174	202,421	1.00
	TOTALS		335,174	202,421	
W - PHYSICIAN ADMINISTRATION EXPENSE					
1.00	ALL OTHER ADMIN & GENERAL	5.02	37,200	0	1.00
	TOTALS		37,200	0	
500.00	Grand Total: Increases		1,935,404	7,856,933	500.00

RECLASSIFICATIONS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-6

Date/Time Prepared:
2/24/2022 9:28 am

	Decreases						2/24/2022 9:28 am
	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	1,249,427	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	1,249,427			
	B - CAFETERIA						
1.00	DIETARY	10.00	187,038	171,068	0		1.00
	TOTALS		187,038	171,068			
	C - OBSTETRICS						
1.00	ADULTS & PEDIATRICS	30.00	680,427	80,110	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		680,427	80,110			
	D - SNF DIRECT CARE COST						
1.00	OTHER LONG TERM CARE	46.00	89,681	8,065	0		1.00
	TOTALS		89,681	8,065			
	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	2,411,018	9		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	203,056	9		2.00
	TOTALS		0	2,614,074			
	G - CAPITAL INSURANCE EXP						
1.00	ALL OTHER ADMIN & GENERAL	5.02	0	257,098	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	257,098			
	H - NUCLEAR MED & EKG TECH SALARY						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	82,547	0	0		1.00
2.00	RESPIRATORY THERAPY	65.00	35,117	0	0		2.00
	TOTALS		117,664	0			
	I - AMBULANCE BILLING COST						
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.01	0	65,237	0		1.00
	TOTALS		0	65,237			
	J - RHC PHYSICIAN RECRUITMENT						
1.00	ALL OTHER ADMIN & GENERAL	5.02	0	118,097	0		1.00
	TOTALS		0	118,097			
	K - DIETARY EDUCATION						
1.00	DIETARY	10.00	0	66,333	0		1.00
	TOTALS		0	66,333			
	L - PRACTITIONERS BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,128,716	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	1,128,716			
	M - OFFSITE UTILITIES						
1.00	OPERATION OF PLANT	7.00	0	301,684	0		1.00
	TOTALS		0	301,684			
	N - A&P FLOAT TO ICU						
1.00	ADULTS & PEDIATRICS	30.00	42,793	0	0		1.00
	TOTALS		42,793	0			
	O - OFFSITE BLDG DEPR						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	575,781	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
8.00		0.00	0	0	9		8.00
9.00		0.00	0	0	9		9.00
10.00		0.00	0	0	9		10.00
11.00		0.00	0	0	9		11.00
12.00		0.00	0	0	9		12.00
13.00		0.00	0	0	9		13.00

RECLASSIFICATIONS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-6

Date/Time Prepared:
2/24/2022 9:28 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
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
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
	TOTALS		0	575,781			
	Q - BWC VISITS RHC						
1.00	PSYCH CLINIC	194.04	0	271,298	0		1.00
	TOTALS		0	271,298			
	T - RHC/ SNF BILLING/COLLECTIONS						
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.01	445,427	746,606	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
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
	TOTALS		445,427	746,606			
	U - CLINIC MOVES						
1.00	PULMONARY CLINIC	194.11	335,174	202,421	0		1.00
	TOTALS		335,174	202,421			
	W - PHYSICIAN ADMINISTRATION EXPENSE						
1.00	RURAL HEALTH CLINIC	88.00	37,200	0	0		1.00
	TOTALS		37,200	0			
500.00	Grand Total: Decreases		1,935,404	7,856,933			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part I
Date/Time Prepared:
2/24/2022 9:28 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,539,066	0	0	0	184,600	1.00
2.00	Land Improvements	2,074,102	834,714	0	834,714	0	2.00
3.00	Buildings and Fixtures	46,434,051	510,504	0	510,504	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	29,161,997	3,221,010	0	3,221,010	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	79,209,216	4,566,228	0	4,566,228	184,600	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	79,209,216	4,566,228	0	4,566,228	184,600	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,354,466	0				1.00
2.00	Land Improvements	2,908,816	0				2.00
3.00	Buildings and Fixtures	46,944,555	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	32,383,007	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	83,590,844	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	83,590,844	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part II
Date/Time Prepared:
2/24/2022 9:28 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	4,292,291	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)	4,292,291	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	4,292,291				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	4,292,291				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part III
Date/Time Prepared:
2/24/2022 9:28 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	51,207,837	0	51,207,837	0.612601	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	32,383,007	0	32,383,007	0.387399	0	2.00
3.00	Total (sum of lines 1-2)	83,590,844	0	83,590,844	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,073,128	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	12,678	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	15,724	0	1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	152,940	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	10,715	0	1.11
1.12	B&F - PAXTON WELLNESS CENTER	0	0	0	413	0	1.12
1.14	B&F - PAXTON AMBULANCE STATION	0	0	0	6,901	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	5,367	0	1.19
1.20	B&F - #7 DOCTOR'S PARK	0	0	0	10,141	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	13,612	0	1.26
1.27	B&F - FALCON POINT RESIDENCE	0	0	0	13,110	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	2,410,354	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,191,472	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part III
Date/Time Prepared:
2/24/2022 9:28 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	148,805	197,768	0	-918	1,418,783	1.00
1.01	OB UNIT - BLDG & FIXT	94,072	0	0	0	297,128	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	12,678	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	15,724	1.07
1.09	B&F - PAXTON RURAL HEALTH CLINIC	0	0	0	0	152,940	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	10,715	1.11
1.12	B&F - PAXTON WELLNESS CENTER	0	0	0	0	413	1.12
1.14	B&F - PAXTON AMBULANCE STATION	0	0	0	0	6,901	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	5,367	1.19
1.20	B&F - #7 DOCTOR'S PARK	0	0	0	0	10,141	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	13,612	1.26
1.27	B&F - FALCON POINT RESIDENCE	0	0	0	0	13,110	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	267,202	59,330	0	918	2,737,804	2.00
3.00	Total (sum of lines 1-2)	510,079	257,098	0	0	4,958,649	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-8

Date/Time Prepared:
2/24/2022 9:28 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	-18,117	ALL OTHER ADMIN & GENERAL	5.02	0	7.00
8.00	Television and radio service (chapter 21)	A	-9,628	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 10/01/2020
To 09/30/2021

Worksheet A-8

Date/Time Prepared:
2/24/2022 9:28 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	-10,660,465			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 10/01/2020
To 09/30/2021

Worksheet A-8

Date/Time Prepared:
2/24/2022 9:28 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	
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	-664	CAP REL COSTS-MVBLE EQUIP	2.00	9	32.00
33.00	A&G MISC REV	B	-51,206	ALL OTHER ADMIN & GENERAL	5.02	0	33.00
33.01	DR BARK DIRECTOR FEES	B	-55,188	RURAL HEALTH CLINIC	88.00	0	33.01
33.02	PROPERTY TAX	A	-13,398	ALL OTHER ADMIN & GENERAL	5.02	0	33.02
33.03	A&G MISC REV	B	-1,738	ALL OTHER ADMIN & GENERAL	5.02	0	33.03
33.04	SCHOOL NURSING INCOME	B	-185,473	ALL OTHER ADMIN & GENERAL	5.02	0	33.04
33.05	AHEC INCOME	B	-327	ALL OTHER ADMIN & GENERAL	5.02	0	33.05
33.06	CAFE MISC REV	B	-40,824	CAFETERIA	11.00	0	33.06
33.07	LAUNDRY MISC REV	B	0		0.00	0	33.07
33.08	MED RECORDS MISC REV	B	-9,711	MEDICAL RECORDS & LIBRARY	16.00	0	33.08
33.09	RENTAL INC - OPC	B	-29,308	CAP REL COSTS-BLDG & FIXT	1.00	9	33.09
33.10	INVEST INCOME - B&F	B	-14,577	CAP REL COSTS-BLDG & FIXT	1.00	11	33.10
33.11	INVEST INCOME - OB B&F	B	-9,216	OB UNIT - BLDG & FIXT	1.01	11	33.11
33.12	INVEST INCOME - MME	B	-26,176	CAP REL COSTS-MVBLE EQUIP	2.00	11	33.12
33.13	INVEST INCOME - A&G	B	-47,505	ALL OTHER ADMIN & GENERAL	5.02	0	33.13
33.14	INVEST INCOME - RAD	B	0	RADIOLOGY-DIAGNOSTIC	54.00	0	33.14
33.15	INVEST INCOME - RHCS	B	-8,277	RURAL HEALTH CLINIC	88.00	0	33.15
33.16	INVEST INCOME - AMBULANCE	B	-566	AMBULANCE SERVICES	95.00	0	33.16
33.17	AMBULANCE CONTRACT REVENUE	B	-180,000	AMBULANCE SERVICES	95.00	0	33.17
33.18	AMORTIZATION OF GOODWILL	A	-126,014	OTHER CAP REL COSTS	3.00	0	33.18
33.19	INTERNALLY ALLOCATED RENT EXP - RHC	A	-34,565	RURAL HEALTH CLINIC	88.00	0	33.19
33.20	LOBBYING DUES	B	-17,476	ALL OTHER ADMIN & GENERAL	5.02	0	33.20
33.21	STATE PROVIDER TAX EXP	A	-2,014,641	ALL OTHER ADMIN & GENERAL	5.02	0	33.21
33.22	OP STATE PROVIDER TAX EXP	A	0	ALL OTHER ADMIN & GENERAL	5.02	0	33.22
33.23	CRNA SALARIES	A	-1,845,323	ANESTHESIOLOGY	53.00	0	33.23
33.24	CRNA BENEFITS	A	-126,350	ANESTHESIOLOGY	53.00	0	33.24
33.25	PUBLIC RELATIONS OFFSET	A	-166,016	ALL OTHER ADMIN & GENERAL	5.02	0	33.25
33.26	PUBLIC RELATIONS OFFSET BENEFITS	A	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.26
33.27	MISC DONATIONS (COMM ED)	A	-294,348	ALL OTHER ADMIN & GENERAL	5.02	0	33.27
33.28	PT B PHYSICIAN BENEFITS	A	-584,957	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.28
33.29	RHC DRS HOSP VISIT	A	-147,581	RURAL HEALTH CLINIC	88.00	0	33.29
33.30	PHYSICIAN RECRUITMENT	A	-265,398	ALL OTHER ADMIN & GENERAL	5.02	0	33.30
33.31	NONALLOWABLE LEGAL FEES	A	-106,154	ALL OTHER ADMIN & GENERAL	5.02	0	33.31
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-17,091,187				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 10/01/2020
To 09/30/2021

Worksheet A-8-2

Date/Time Prepared:
2/24/2022 9:28 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	666,492	666,492	0	0	0	1.00
2.00	91.00	EMERGENCY	1,746,099	714,984	1,031,115	0	0	2.00
3.00	91.00	EMERGENCY	709,312	709,312	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	339,752	339,752	0	0	0	4.00
5.00	90.01	GERI PSYCH CLINIC	34,500	34,500	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	437,081	437,081	0	0	0	6.00
7.00	60.00	LABORATORY	168,955	168,955	0	0	0	7.00
8.00	73.03	SLEEP LAB	89,650	89,650	0	0	0	8.00
9.00	90.02	ORTHO AND CARDIO CLINIC	2,866,490	2,866,490	0	0	0	9.00
10.00	73.02	WOUND CARE	147,229	147,229	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	2,096,384	2,096,384	0	0	0	12.00
13.00	90.03	GENERAL SURGERY CLINIC	1,318,584	1,318,584	0	0	0	13.00
14.00	90.04	GAPC AND #3 CLINIC	0	0	0	0	0	14.00
15.00	90.05	ENT AND UROLOGY CLINIC	293,973	293,973	0	0	0	15.00
16.00	54.00	RADIOLOGY-DIAGNOSTIC	777,079	777,079	0	0	0	16.00
200.00			11,691,580	10,660,465	1,031,115			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
15.00	90.05	ENT AND UROLOGY CLINIC	0	0	0	0	0	15.00
16.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	16.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	666,492		1.00
2.00	91.00	EMERGENCY	0	0	0	714,984		2.00
3.00	91.00	EMERGENCY	0	0	0	709,312		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	339,752		4.00
5.00	90.01	GERI PSYCH CLINIC	0	0	0	34,500		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	437,081		6.00
7.00	60.00	LABORATORY	0	0	0	168,955		7.00
8.00	73.03	SLEEP LAB	0	0	0	89,650		8.00
9.00	90.02	ORTHO AND CARDIO CLINIC	0	0	0	2,866,490		9.00
10.00	73.02	WOUND CARE	0	0	0	147,229		10.00
11.00	90.01	GERI PSYCH CLINIC	0	0	0	0		11.00
12.00	90.02	ORTHO AND CARDIO CLINIC	0	0	0	2,096,384		12.00
13.00	90.03	GENERAL SURGERY CLINIC	0	0	0	1,318,584		13.00
14.00	90.04	GAPC AND #3 CLINIC	0	0	0	0		14.00
15.00	90.05	ENT AND UROLOGY CLINIC	0	0	0	293,973		15.00
16.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	777,079		16.00
200.00			0	0	0	10,660,465		200.00

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS		Provider CCN: 14-1317		Period: From 10/01/2020 To 09/30/2021		Worksheet A-8-3 Parts I-VI Date/Time Prepared: 2/24/2022 9:28 am	
				Speech Pathology		Cost	
						1.00	
PART I - GENERAL INFORMATION							
1.00	Total number of weeks worked (excluding aides) (see instructions)					22	1.00
2.00	Line 1 multiplied by 15 hours per week					330	2.00
3.00	Number of unduplicated days in which supervisor or therapist was on provider site (see instructions)					86	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	688.00	0.00	0.00	0.00	9.00
10.00	AHSEA (see instructions)	0.00	80.12	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)	40.06	40.06	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)					55,123	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)					55,123	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)					55,123	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)					55,123	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)					3,445	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)					3,445	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)					495	27.00
28.00	Total standard travel allowance and standard travel expense at the provider site (sum of lines 26 and 27)					3,940	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)					3,940	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 10/01/2020
To 09/30/2021Worksheet A-8-3
Parts I-VI
Date/Time Prepared:
2/24/2022 9:28 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)	80.12	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)					55,123	57.00
58.00	Travel allowance and expense - provider site (from lines 33, 34, or 35))					3,940	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)					59,063	63.00
64.00	Total cost of outside supplier services (from your records)					51,177	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					3,445	100.00
100.01	Line 27 = line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others					495	100.01
100.02	Line 33 = line 28 = sum of lines 26 and 27					3,940	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					495	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					495	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 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 9:28 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	1,418,783	1,418,783			1.00
1.01	00101	OB UNIT - BLDG & FIXT	297,128	0	297,128		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	12,678	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	15,724	0	0	0	1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	152,940	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	10,715	0	0	0	1.11
1.12	00112	B&F - PAXTON WELLNESS CENTER	413	0	0	0	1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	6,901	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	5,367	0	0	0	1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	10,141	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	13,612	0	0	0	1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	13,110	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	2,737,804				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,760,035	8,717	0	0	4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE	2,175,942	0	0	0	5.01
5.02	00501	ALL OTHER ADMIN & GENERAL	11,028,236	306,001	9,295	0	5.02
7.00	00700	OPERATION OF PLANT	1,687,643	120,712	0	0	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	472,098	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	393,328	22,106	0	0	8.00
9.00	00900	HOUSEKEEPING	573,331	9,803	2,444	0	9.00
10.00	01000	DIETARY	595,515	26,412	0	0	10.00
11.00	01100	CAFETERIA	317,282	13,821	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	422,120	1,256	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	375,699	45,822	0	0	14.00
15.00	01500	PHARMACY	980,319	10,824	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	488,719	6,322	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,638,793	131,955	182,182	0	30.00
31.00	03100	INTENSIVE CARE UNIT	52,751	11,609	0	0	31.00
43.00	04300	NURSERY	537,287	0	18,620	0	43.00
44.00	04400	SKILLED NURSING FACILITY	97,746	8,363	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	1,613,910	170,486	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,205,972	134,847	13,308	0	50.00
51.00	05100	RECOVERY ROOM	473,405	19,240	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	223,250	8,193	58,001	0	52.00
53.00	05300	ANESTHESIOLOGY	101,223	1,165	13,278	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,748,215	66,959	0	0	54.00
56.00	05600	RADIOISOTOPE	189,562	4,254	0	0	56.00
60.00	06000	LABORATORY	3,219,221	23,546	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	105,871	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	519,112	5,209	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,417,789	4,437	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	301,697	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	79,475	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	53,396	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,658,846	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,076,750	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,148,805	0	0	0	73.00
73.01	07301	CARDIAC REHAB	42,651	0	0	0	73.01
73.02	07302	WOUND CARE	358,547	12,211	0	0	73.02
73.03	07303	SLEEP LAB	115,377	9,384	0	0	73.03
73.04	03950	DIETARY EDUCATION	66,333	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	14,963,503	0	0	8,407	88.00
90.00	09000	CLINIC	293,192	12,761	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 9:28 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	283,951	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	1,257,005	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	532,108	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	259,685	10,287	0	0	0	90.05
91.00	09100	EMERGENCY	2,542,599	67,548	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								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	2,252,116	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)	88,659,059	1,274,250	297,128	8,407	12,678	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	995	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	242,870	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	26,386	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	274,057	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	156,187	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	977,873	0	0	0	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	46,130	0	0	0	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	191,853	0	0	0	0	194.07
194.08	07958	340B PHARMACY	630,402	0	0	0	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	137,976	0	0	0	0	194.10
194.11	07961	PULMONARY CLINIC	1,640,804	38,270	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	1,292,469	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	1,634,567	0	0	0	0	194.17
194.18	07968	GAFM	830,097	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	120,605	14,070	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	526,534	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	885,920	41,777	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	2,550,363	23,035	0	0	0	194.27
194.28	07978	CP THERAPY	240,926	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)	101,038,692	1,418,783	297,128	8,407	12,678	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 9:28 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	15,724				1.07
1.09	00109	B&F - PAXTON RURAL HEALTH CLINIC	0	0	152,940			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	10,715	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	15,724	152,940	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 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 9:28 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
90.05	09005	ENT AND UROLOGY CLINIC	0	0	0	0	0	90.05
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								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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	15,724	152,940	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	6,376	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	4,339	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	15,724	152,940	51,720	10,715	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 9:28 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	413					1.12
1.14	00114	B&F - PAXTON AMBULANCE STATION	0	6,901				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	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	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 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 9:28 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
90.05	09005	ENT AND UROLOGY CLINIC	0	0	0	0	0	90.05
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								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	6,901	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	6,901	6,836	24,790	35,703	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	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	413	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)	413	6,901	6,836	24,790	35,703	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 9:28 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	5,367				1.19
1.20	00120	B&F - #7 DOCTOR'S PARK	0	0	10,141			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	5,367	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	0	0	0	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 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 9:28 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
90.05	09005	ENT AND UROLOGY CLINIC	0	0	0	0	0	90.05
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								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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	5,367	0	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	10,141	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	5,367	10,141	2,519	14,783	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 9:28 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	13,612				1.26
1.27	00127	B&F - FALCON POINT RESIDENCE	0	0	13,110			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					2,737,804	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	2,011	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	29,665	13,612	0	12,878	829,779	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	11,074	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	15,434	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	806	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	2,117	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	22,211	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	2,756	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	14,390	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	436,444	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	19,410	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	572,070	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	26,050	56.00
60.00	06000	LABORATORY	0	0	0	0	79,644	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	19,286	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	1,626	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	1,795	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	6,185	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	97,797	88.00
90.00	09000	CLINIC	0	0	0	0	3,581	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	70,814	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 9:28 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	78,599	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	0	0	0	0	12,761	90.05
91.00	09100	EMERGENCY	0	0	0	0	26,025	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								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	259,071	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,665	13,612	0	12,878	2,611,736	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	13,110	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	25,416	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	1,486	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	56,676	194.17
194.18	07968	GAFM	0	0	0	0	1,249	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	37,997	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	3,244	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	13,612	13,110	12,878	2,737,804	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 9:28 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	13,768,752					4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE	480,166	2,658,119	2,658,119			5.01
5.02	00501	ALL OTHER ADMIN & GENERAL	2,090,314	14,325,147	0	14,325,147	14,325,147	5.02
7.00	00700	OPERATION OF PLANT	224,094	2,043,523	0	2,043,523	337,592	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	14,605	486,703	0	486,703	80,404	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	112,364	543,232	0	543,232	89,742	8.00
9.00	00900	HOUSEKEEPING	183,297	768,908	0	768,908	127,024	9.00
10.00	01000	DIETARY	128,465	751,198	0	751,198	124,099	10.00
11.00	01100	CAFETERIA	69,509	400,612	0	400,612	66,182	11.00
13.00	01300	NURSING ADMINISTRATION	126,825	550,201	0	550,201	90,894	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	423,638	0	423,638	69,985	14.00
15.00	01500	PHARMACY	245,632	1,236,775	0	1,236,775	204,316	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	116,490	611,531	0	611,531	101,026	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,264,436	5,239,577	385,823	5,625,400	929,322	30.00
31.00	03100	INTENSIVE CARE UNIT	17,032	84,148	6,196	90,344	14,925	31.00
43.00	04300	NURSERY	178,639	734,546	54,088	788,634	130,283	43.00
44.00	04400	SKILLED NURSING FACILITY	33,328	139,437	0	139,437	23,035	44.00
46.00	04600	OTHER LONG TERM CARE	530,091	2,328,877	0	2,328,877	384,733	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	762,945	4,553,516	335,298	4,888,814	807,637	50.00
51.00	05100	RECOVERY ROOM	163,993	656,638	48,352	704,990	116,465	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	74,227	363,671	26,779	390,450	64,503	52.00
53.00	05300	ANESTHESIOLOGY	0	135,076	9,946	145,022	23,958	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	569,657	3,956,901	291,366	4,248,267	701,818	54.00
56.00	05600	RADIOISOTOPE	30,677	250,543	18,449	268,992	44,438	56.00
60.00	06000	LABORATORY	398,601	3,721,012	273,997	3,995,009	659,979	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	105,871	7,796	113,667	18,778	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	161,846	705,453	51,946	757,399	125,123	65.00
66.00	06600	PHYSICAL THERAPY	473,390	1,915,093	141,018	2,056,111	339,672	66.00
67.00	06700	OCCUPATIONAL THERAPY	110,216	411,913	30,331	442,244	73,059	67.00
68.00	06800	SPEECH PATHOLOGY	10,239	89,714	6,606	96,320	15,912	68.00
69.00	06900	ELECTROCARDIOLOGY	13,050	66,446	4,893	71,339	11,785	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,658,846	122,149	1,780,995	294,222	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,076,750	373,826	5,450,576	900,441	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,148,805	158,227	2,307,032	381,124	73.00
73.01	07301	CARDIAC REHAB	13,226	57,672	4,247	61,919	10,229	73.01
73.02	07302	WOUND CARE	111,629	482,387	35,521	517,908	85,559	73.02
73.03	07303	SLEEP LAB	31,764	162,710	11,981	174,691	28,859	73.03
73.04	03950	DIETARY EDUCATION	0	66,333	4,884	71,217	11,765	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	1,645,641	17,032,540	0	17,032,540	2,813,777	88.00
90.00	09000	CLINIC	94,699	404,233	0	404,233	66,780	90.00
90.01	09001	GERI PSYCH CLINIC	61,787	346,997	0	346,997	57,324	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	292,411	1,638,049	0	1,638,049	270,607	90.02
90.03	09003	GENERAL SURGERY CLINIC	83,219	693,926	0	693,926	114,637	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 9:28 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	
90.05	09005	ENT AND UROLOGY CLINIC	16,996	299,729	0	299,729	49,516	90.05
91.00	09100	EMERGENCY	513,472	3,149,644	231,924	3,381,568	558,638	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								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	801,680	3,351,394	0	3,351,394	553,654	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,250,652	86,828,034	2,635,643	86,805,558	11,973,821	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	995	0	995	164	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	32,496	275,366	0	275,366	45,491	192.02
194.00	07950	FALCON POINT RENTAL	0	13,110	0	13,110	2,166	194.00
194.01	07951	PHYSICIAN OFFICE	0	26,386	0	26,386	4,359	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	12,788	293,530	0	293,530	48,491	194.02
194.03	07953	WELLNESS CENTER	53,586	210,186	0	210,186	34,723	194.03
194.04	07954	PSYCH CLINIC	179,654	1,165,163	0	1,165,163	192,486	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	261	46,391	0	46,391	7,664	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	1,127	192,980	0	192,980	31,880	194.07
194.08	07958	340B PHARMACY	0	630,402	0	630,402	104,143	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	49,166	187,142	0	187,142	30,916	194.10
194.11	07961	PULMONARY CLINIC	118,698	1,823,188	0	1,823,188	301,192	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	4,339	0	4,339	717	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	114,668	1,418,764	0	1,418,764	234,381	194.16
194.17	07967	ELITE PERFORMANCE	500,264	2,191,507	0	2,191,507	362,039	194.17
194.18	07968	GAFM	57,334	888,680	0	888,680	146,811	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	13,757	148,432	0	148,432	24,521	194.20
194.21	07971	FAMILY H.C. FAIRBURY	57,814	584,348	0	584,348	96,535	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	104,228	1,069,922	0	1,069,922	176,752	194.26
194.27	07977	RETAIL PHARMACY	157,950	2,734,592	0	2,734,592	451,757	194.27
194.28	07978	CP THERAPY	64,309	305,235	22,476	327,711	54,138	194.28
200.00		Cross Foot Adjustments		0		0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	13,768,752	101,038,692	2,658,119	101,038,692	14,325,147	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 9:28 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	2,381,115					7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	567,107				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	49,196	0	682,170			8.00
9.00	00900	HOUSEKEEPING	24,176	45	85,472	1,005,625		9.00
10.00	01000	DIETARY	58,779	0	17,200	23,930	975,206	10.00
11.00	01100	CAFETERIA	30,759	0	28,665	12,522	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,796	0	0	1,138	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	101,975	0	0	41,516	0	14.00
15.00	01500	PHARMACY	24,088	0	0	9,807	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	14,069	0	0	5,728	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	469,509	0	94,846	191,146	198,463	30.00
31.00	03100	INTENSIVE CARE UNIT	25,836	0	994	10,518	573	31.00
43.00	04300	NURSERY	17,972	0	1,414	7,317	0	43.00
44.00	04400	SKILLED NURSING FACILITY	18,612	0	18,369	7,577	27,987	44.00
46.00	04600	OTHER LONG TERM CARE	379,415	0	79,051	154,467	433,571	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	312,946	0	48,028	127,406	0	50.00
51.00	05100	RECOVERY ROOM	42,817	0	0	17,432	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	74,217	0	6,000	30,215	0	52.00
53.00	05300	ANESTHESIOLOGY	15,408	0	0	6,273	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	149,016	0	18,123	60,667	0	54.00
56.00	05600	RADIOISOTOPE	9,466	0	0	3,854	0	56.00
60.00	06000	LABORATORY	52,400	0	0	21,333	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	11,593	0	0	4,720	0	65.00
66.00	06600	PHYSICAL THERAPY	9,874	24,579	23,770	4,020	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	27,176	0	0	11,064	0	73.02
73.03	07303	SLEEP LAB	20,884	0	0	8,502	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	226,209	0	0	0	88.00
90.00	09000	CLINIC	28,399	0	0	11,562	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	7,009	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	24,534	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 9:28 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	
90.05	09005	ENT AND UROLOGY CLINIC	22,894	0	0	9,321	0	90.05
91.00	09100	EMERGENCY	150,327	0	25,632	61,201	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								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	38,499	3,242	66,099	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,144,599	320,875	450,806	909,335	660,594	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,214	0	231,364	901	314,612	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	56,158	6,703	0	22,863	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	7,009	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	5,402	0	0	0	194.02
194.03	07953	WELLNESS CENTER	0	24,335	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	16,715	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	85,169	0	0	34,674	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	6,605	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	14,017	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	0	138,723	0	0	0	194.17
194.18	07968	GAFM	0	6,438	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	3,737	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	10,429	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	92,975	0	0	37,852	0	194.26
194.27	07977	RETAIL PHARMACY	0	6,119	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)	2,381,115	567,107	682,170	1,005,625	975,206	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 9:28 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	538,740					11.00
13.00	01300	NURSING ADMINISTRATION	9,612	654,641				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	637,114			14.00
15.00	01500	PHARMACY	15,510	0	3,121	1,493,617		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15,905	0	75	0	748,334	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	96,078	232,710	12,459	2,982	51,288	30.00
31.00	03100	INTENSIVE CARE UNIT	1,022	2,493	0	23	283	31.00
43.00	04300	NURSERY	13,653	33,070	0	0	2,120	43.00
44.00	04400	SKILLED NURSING FACILITY	3,343	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	51,684	0	3,246	136	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	66,823	161,843	37,832	20,612	103,988	50.00
51.00	05100	RECOVERY ROOM	13,769	33,375	998	0	14,616	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,665	13,723	0	0	11,982	52.00
53.00	05300	ANESTHESIOLOGY	11,888	0	1,179	5,157	9,204	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,078	0	1,354	6,519	132,290	54.00
56.00	05600	RADIOISOTOPE	1,881	0	108	77	5,940	56.00
60.00	06000	LABORATORY	48,713	0	19,108	154	121,253	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	2,335	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	14,790	35,809	200	0	16,447	65.00
66.00	06600	PHYSICAL THERAPY	45,253	0	276	334	25,654	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,407	0	1	0	4,813	67.00
68.00	06800	SPEECH PATHOLOGY	580	0	0	0	793	68.00
69.00	06900	ELECTROCARDIOLOGY	1,300	0	3	0	6,482	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	123,499	0	22,001	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	377,960	0	63,353	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,323,441	77,220	73.00
73.01	07301	CARDIAC REHAB	1,904	4,629	54	0	1,430	73.01
73.02	07302	WOUND CARE	9,682	23,473	1,417	434	4,023	73.02
73.03	07303	SLEEP LAB	2,670	6,452	26	0	4,071	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	275	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	35,755	86,280	0	88.00
90.00	09000	CLINIC	12,654	30,663	1,080	338	4,388	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	35	0	1,432	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	2,483	26,023	3,494	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	338	35	1,476	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 9:28 am

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
90.05	09005	ENT AND UROLOGY CLINIC	0	0	167	626	209	90.05
91.00	09100	EMERGENCY	31,531	76,401	5,955	742	54,872	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	602	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	1,002	6,565	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	536,395	654,641	629,731	1,480,478	748,334	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	2,345	0	6	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	36	5,644	0	194.02
194.03	07953	WELLNESS CENTER	0	0	128	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	338	449	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	14	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	0	334	1,248	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	240	89	0	194.17
194.18	07968	GAFM	0	0	2,889	916	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	293	2,953	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	701	459	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	1,602	1,293	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	687	88	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	82	0	0	194.27
194.28	07978	CP THERAPY	0	0	33	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)	538,740	654,641	637,114	1,493,617	748,334	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 9:28 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	7,904,203	-537,830	7,366,373	30.00
31.00	03100	INTENSIVE CARE UNIT	147,011	0	147,011	31.00
43.00	04300	NURSERY	994,463	0	994,463	43.00
44.00	04400	SKILLED NURSING FACILITY	238,360	0	238,360	44.00
46.00	04600	OTHER LONG TERM CARE	3,815,180	0	3,815,180	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,575,929	0	6,575,929	50.00
51.00	05100	RECOVERY ROOM	944,462	0	944,462	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	596,755	0	596,755	52.00
53.00	05300	ANESTHESIOLOGY	218,089	0	218,089	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,371,132	0	5,371,132	54.00
56.00	05600	RADIOISOTOPE	334,756	0	334,756	56.00
60.00	06000	LABORATORY	4,917,949	0	4,917,949	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	134,780	0	134,780	63.00
64.00	06400	INTRAVENOUS THERAPY	0	470,989	470,989	64.00
65.00	06500	RESPIRATORY THERAPY	966,081	0	966,081	65.00
66.00	06600	PHYSICAL THERAPY	2,529,543	0	2,529,543	66.00
67.00	06700	OCCUPATIONAL THERAPY	527,524	0	527,524	67.00
68.00	06800	SPEECH PATHOLOGY	113,605	0	113,605	68.00
69.00	06900	ELECTROCARDIOLOGY	90,909	0	90,909	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,220,717	0	2,220,717	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,792,330	0	6,792,330	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,088,817	0	4,088,817	73.00
73.01	07301	CARDIAC REHAB	80,165	0	80,165	73.01
73.02	07302	WOUND CARE	680,736	0	680,736	73.02
73.03	07303	SLEEP LAB	246,155	0	246,155	73.03
73.04	03950	DIETARY EDUCATION	83,257	0	83,257	73.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	20,194,561	0	20,194,561	88.00
90.00	09000	CLINIC	560,097	0	560,097	90.00
90.01	09001	GERI PSYCH CLINIC	412,797	0	412,797	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	1,965,190	0	1,965,190	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/24/2022 9:28 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
90.03	09003	GENERAL SURGERY CLINIC	810,412	0	810,412		90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0		90.04
90.05	09005	ENT AND UROLOGY CLINIC	382,462	0	382,462		90.05
91.00	09100	EMERGENCY	4,346,867	0	4,346,867		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	602	66,841	67,443		93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES	4,020,455	0	4,020,455		95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	83,306,351	0	83,306,351		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	550,250	0	550,250		190.00
192.01	19201	GAH - MSO	0	0	0		192.01
192.02	19202	GAH FOUNDATION	323,208	0	323,208		192.02
194.00	07950	FALCON POINT RENTAL	101,000	0	101,000		194.00
194.01	07951	PHYSICIAN OFFICE	37,754	0	37,754		194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	353,103	0	353,103		194.02
194.03	07953	WELLNESS CENTER	269,372	0	269,372		194.03
194.04	07954	PSYCH CLINIC	1,375,151	0	1,375,151		194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	54,055	0	54,055		194.05
194.06	07956	LASER CLINIC	0	0	0		194.06
194.07	07957	PAIN CLINIC	224,860	0	224,860		194.07
194.08	07958	340B PHARMACY	734,545	0	734,545		194.08
194.09	07959	GAH CARDIOLOGY	0	0	0		194.09
194.10	07960	WIC	218,072	0	218,072		194.10
194.11	07961	PULMONARY CLINIC	2,245,805	0	2,245,805		194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	11,661	0	11,661		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	1,667,162	0	1,667,162		194.16
194.17	07967	ELITE PERFORMANCE	2,692,598	0	2,692,598		194.17
194.18	07968	GAFM	1,045,734	0	1,045,734		194.18
194.19	07969	GAPC	0	0	0		194.19
194.20	07970	FHCF	179,936	0	179,936		194.20
194.21	07971	FAMILY H.C. FAIRBURY	692,472	0	692,472		194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	2,895	0	2,895		194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0		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	1,378,276	0	1,378,276		194.26
194.27	07977	RETAIL PHARMACY	3,192,550	0	3,192,550		194.27
194.28	07978	CP THERAPY	381,882	0	381,882		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)	101,038,692	0	101,038,692		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 9:28 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	8,717	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	306,001	9,295	0	0	5.02
7.00	00700	OPERATION OF PLANT	0	120,712	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	22,106	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	9,803	2,444	0	0	9.00
10.00	01000	DIETARY	0	26,412	0	0	0	10.00
11.00	01100	CAFETERIA	0	13,821	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,256	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	45,822	0	0	0	14.00
15.00	01500	PHARMACY	0	10,824	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,322	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	131,955	182,182	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	11,609	0	0	0	31.00
43.00	04300	NURSERY	0	0	18,620	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	8,363	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	170,486	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	134,847	13,308	0	0	50.00
51.00	05100	RECOVERY ROOM	0	19,240	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,193	58,001	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,165	13,278	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	66,959	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	4,254	0	0	0	56.00
60.00	06000	LABORATORY	0	23,546	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	5,209	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,437	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	12,211	0	0	0	73.02
73.03	07303	SLEEP LAB	0	9,384	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	12,678	88.00
90.00	09000	CLINIC	0	12,761	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 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 9:28 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
90.05	09005	ENT AND UROLOGY CLINIC	0	10,287	0	0	0	90.05
91.00	09100	EMERGENCY	0	67,548	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								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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	1,274,250	297,128	8,407	12,678	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	995	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	26,386	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	38,270	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	14,070	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	41,777	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	23,035	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	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,418,783	297,128	8,407	12,678	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 9:28 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	15,724	152,940	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 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 9:28 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
90.05	09005	ENT AND UROLOGY CLINIC	0	0	0	0	0	90.05
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								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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	15,724	152,940	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	6,376	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	4,339	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	15,724	152,940	51,720	10,715	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 9:28 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 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 9:28 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
90.05	09005	ENT AND UROLOGY CLINIC	0	0	0	0	0	90.05
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								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	6,901	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	6,901	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	413	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)	413	6,901	6,836	24,790	35,703	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 9:28 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	5,367	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	0	0	0	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 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 9:28 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
90.05	09005	ENT AND UROLOGY CLINIC	0	0	0	0	0	90.05
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								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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	5,367	0	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	10,141	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	5,367	10,141	2,519	14,783	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 9:28 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	0	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	2,011	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	29,665	13,612	0	12,878	829,779	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	0	11,074	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	15,434	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	806	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	2,117	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	22,211	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	2,756	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	14,390	46.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	436,444	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	19,410	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	572,070	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	26,050	56.00
60.00	06000	LABORATORY	0	0	0	0	79,644	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	19,286	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	1,626	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	1,795	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	6,185	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	97,797	88.00
90.00	09000	CLINIC	0	0	0	0	3,581	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	70,814	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 9:28 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	78,599	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	0	0	0	0	12,761	90.05
91.00	09100	EMERGENCY	0	0	0	0	26,025	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								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	259,071	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,665	13,612	0	12,878	2,611,736	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	13,110	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	25,416	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	1,486	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	0	56,676	194.17
194.18	07968	GAFM	0	0	0	0	1,249	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	37,997	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	0	3,244	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	13,612	13,110	12,878	2,737,804	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 9:28 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	8,717	8,717				4.00
5.01	00500	CASHIERING/ACCOUNTS RECEIVABLE	2,011	304	2,315			5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	1,206,597	1,330	0	1,207,927		5.02
7.00	00700	OPERATION OF PLANT	131,786	142	0	28,466	160,394	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	0	9	0	6,780	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	37,540	71	0	7,567	3,314	8.00
9.00	00900	HOUSEKEEPING	12,280	116	0	10,711	1,629	9.00
10.00	01000	DIETARY	27,218	81	0	10,464	3,959	10.00
11.00	01100	CAFETERIA	13,821	44	0	5,581	2,072	11.00
13.00	01300	NURSING ADMINISTRATION	1,256	80	0	7,664	188	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	47,939	0	0	5,901	6,869	14.00
15.00	01500	PHARMACY	10,824	155	0	17,228	1,623	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,322	74	0	8,519	948	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	336,348	800	340	78,362	31,625	30.00
31.00	03100	INTENSIVE CARE UNIT	14,365	11	5	1,258	1,740	31.00
43.00	04300	NURSERY	18,620	113	47	10,986	1,211	43.00
44.00	04400	SKILLED NURSING FACILITY	8,363	21	0	1,942	1,254	44.00
46.00	04600	OTHER LONG TERM CARE	184,876	335	0	32,441	25,558	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	584,599	482	291	68,101	21,080	50.00
51.00	05100	RECOVERY ROOM	19,240	104	42	9,821	2,884	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	66,194	47	23	5,439	4,999	52.00
53.00	05300	ANESTHESIOLOGY	33,853	0	9	2,020	1,038	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	639,029	360	253	59,178	10,038	54.00
56.00	05600	RADIOISOTOPE	30,304	19	16	3,747	638	56.00
60.00	06000	LABORATORY	103,190	252	238	55,650	3,530	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	7	1,583	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	24,495	102	45	10,551	781	65.00
66.00	06600	PHYSICAL THERAPY	23,914	299	123	28,642	665	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	70	26	6,160	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	6	6	1,342	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8	4	994	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	106	24,809	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	325	75,927	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	138	32,137	0	73.00
73.01	07301	CARDIAC REHAB	1,795	8	4	863	0	73.01
73.02	07302	WOUND CARE	12,211	71	31	7,214	1,831	73.02
73.03	07303	SLEEP LAB	15,569	20	10	2,433	1,407	73.03
73.04	03950	DIETARY EDUCATION	0	0	4	992	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	423,396	1,041	0	237,272	0	88.00
90.00	09000	CLINIC	16,342	60	0	5,631	1,913	90.00
90.01	09001	GERI PSYCH CLINIC	1,259	39	0	4,834	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	88,633	185	0	22,818	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	78,599	53	0	9,666	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 9:28 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	
90.05	09005	ENT AND UROLOGY CLINIC	23,048	11	0	4,175	1,542	90.05
91.00	09100	EMERGENCY	93,573	325	202	47,105	10,126	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								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	297,598	507	0	46,685	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,645,724	7,755	2,295	1,009,659	144,462	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	995	0	0	14	149	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	21	0	3,836	0	192.02
194.00	07950	FALCON POINT RENTAL	13,110	0	0	183	3,783	194.00
194.01	07951	PHYSICIAN OFFICE	26,386	0	0	368	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	6,685	8	0	4,089	0	194.02
194.03	07953	WELLNESS CENTER	413	34	0	2,928	0	194.03
194.04	07954	PSYCH CLINIC	7,636	114	0	16,231	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	646	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	1	0	2,688	0	194.07
194.08	07958	340B PHARMACY	0	0	0	8,781	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	31	0	2,607	0	194.10
194.11	07961	PULMONARY CLINIC	63,686	75	0	25,397	5,737	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	4,339	0	0	60	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	11,627	73	0	19,763	0	194.16
194.17	07967	ELITE PERFORMANCE	56,676	316	0	30,528	0	194.17
194.18	07968	GAFM	1,249	36	0	12,379	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	14,070	9	0	2,068	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	37	0	8,140	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	79,774	66	0	14,904	6,263	194.26
194.27	07977	RETAIL PHARMACY	26,279	100	0	38,093	0	194.27
194.28	07978	CP THERAPY	0	41	20	4,565	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)	4,958,649	8,717	2,315	1,207,927	160,394	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 9:28 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	6,789					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	48,492				8.00
9.00	00900	HOUSEKEEPING	1	6,076	30,813			9.00
10.00	01000	DIETARY	0	1,223	733	43,678		10.00
11.00	01100	CAFETERIA	0	2,038	384	0	23,940	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	35	0	427	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,272	0	0	14.00
15.00	01500	PHARMACY	0	0	300	0	689	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	175	0	707	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	6,742	5,857	8,889	4,268	30.00
31.00	03100	INTENSIVE CARE UNIT	0	71	322	26	45	31.00
43.00	04300	NURSERY	0	101	224	0	607	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,306	232	1,254	149	44.00
46.00	04600	OTHER LONG TERM CARE	0	5,619	4,733	19,418	2,297	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,414	3,904	0	2,969	50.00
51.00	05100	RECOVERY ROOM	0	0	534	0	612	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	427	926	0	252	52.00
53.00	05300	ANESTHESIOLOGY	0	0	192	0	528	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,288	1,859	0	2,359	54.00
56.00	05600	RADIOISOTOPE	0	0	118	0	84	56.00
60.00	06000	LABORATORY	0	0	654	0	2,165	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	145	0	657	65.00
66.00	06600	PHYSICAL THERAPY	294	1,690	123	0	2,011	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	329	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	26	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	58	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	85	73.01
73.02	07302	WOUND CARE	0	0	339	0	430	73.02
73.03	07303	SLEEP LAB	0	0	261	0	119	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	2,707	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	354	0	562	90.00
90.01	09001	GERI PSYCH CLINIC	84	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	294	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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 9:28 am

Cost Center Description			OPERATION OF PLANT-OUTSIDE PROPERTY	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
90.05	09005	ENT AND UROLOGY CLINIC	0	0	286	0	0	90.05
91.00	09100	EMERGENCY	0	1,822	1,875	0	1,401	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								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	461	230	2,025	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,841	32,047	27,862	29,587	23,836	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,445	28	14,091	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	104	192.02
194.00	07950	FALCON POINT RENTAL	80	0	701	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	84	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	65	0	0	0	0	194.02
194.03	07953	WELLNESS CENTER	291	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	200	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	1,062	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	79	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	168	0	0	0	0	194.16
194.17	07967	ELITE PERFORMANCE	1,661	0	0	0	0	194.17
194.18	07968	GAFM	77	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	45	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	125	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	1,160	0	0	194.26
194.27	07977	RETAIL PHARMACY	73	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)	6,789	48,492	30,813	43,678	23,940	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 9:28 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	9,650				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	61,981			14.00
15.00	01500	PHARMACY	0	304	31,123		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7	0	16,752	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,431	1,212	62	1,150	479,086 30.00
31.00	03100	INTENSIVE CARE UNIT	37	0	0	6	17,886 31.00
43.00	04300	NURSERY	487	0	0	48	32,444 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	14,521 44.00
46.00	04600	OTHER LONG TERM CARE	0	316	3	0	275,596 46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,386	3,681	430	2,332	693,669 50.00
51.00	05100	RECOVERY ROOM	492	97	0	328	34,154 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	202	0	0	269	78,778 52.00
53.00	05300	ANESTHESIOLOGY	0	115	107	206	38,068 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	132	136	2,940	717,572 54.00
56.00	05600	RADIOISOTOPE	0	10	2	133	35,071 56.00
60.00	06000	LABORATORY	0	1,859	3	2,719	170,260 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	52	1,642 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	528	19	0	369	37,692 65.00
66.00	06600	PHYSICAL THERAPY	0	27	7	575	58,370 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	108	6,693 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	18	1,398 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	145	1,209 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,015	0	493	37,423 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	36,768	0	1,421	114,441 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	27,576	1,732	61,583 73.00
73.01	07301	CARDIAC REHAB	68	5	0	32	2,860 73.01
73.02	07302	WOUND CARE	346	138	9	90	22,710 73.02
73.03	07303	SLEEP LAB	95	3	0	91	20,008 73.03
73.04	03950	DIETARY EDUCATION	0	0	0	6	1,002 73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	3,479	1,798	0	669,693 88.00
90.00	09000	CLINIC	452	105	7	98	25,524 90.00
90.01	09001	GERI PSYCH CLINIC	0	3	0	32	6,251 90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	242	542	78	112,792 90.02
90.03	09003	GENERAL SURGERY CLINIC	0	33	1	33	88,385 90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0 90.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 9:28 am

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	
			13.00	14.00	15.00	16.00	24.00	
90.05	09005	ENT AND UROLOGY CLINIC	0	16	13	5	29,096	90.05
91.00	09100	EMERGENCY	1,126	579	15	1,230	159,379	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	13	13	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	98	137	0	347,741	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,650	61,263	30,848	16,752	4,393,010	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	31,722	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	1	0	0	3,962	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	17,857	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	26,838	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	4	118	0	10,969	194.02
194.03	07953	WELLNESS CENTER	0	12	0	0	3,678	194.03
194.04	07954	PSYCH CLINIC	0	33	9	0	24,223	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	646	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	2,689	194.07
194.08	07958	340B PHARMACY	0	0	0	0	8,781	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	0	1	0	0	2,639	194.10
194.11	07961	PULMONARY CLINIC	0	32	26	0	96,015	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	0	0	4,478	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	31,631	194.16
194.17	07967	ELITE PERFORMANCE	0	23	2	0	89,206	194.17
194.18	07968	GAFM	0	281	19	0	14,041	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	29	62	0	16,283	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	68	10	0	8,380	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	156	27	0	183	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	67	2	0	102,236	194.26
194.27	07977	RETAIL PHARMACY	0	8	0	0	64,553	194.27
194.28	07978	CP THERAPY	0	3	0	0	4,629	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)	9,650	61,981	31,123	16,752	4,958,649	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 9:28 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	479,086
31.00	03100	INTENSIVE CARE UNIT	0	17,886
43.00	04300	NURSERY	0	32,444
44.00	04400	SKILLED NURSING FACILITY	0	14,521
46.00	04600	OTHER LONG TERM CARE	0	275,596
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	693,669
51.00	05100	RECOVERY ROOM	0	34,154
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	78,778
53.00	05300	ANESTHESIOLOGY	0	38,068
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	717,572
56.00	05600	RADIOISOTOPE	0	35,071
60.00	06000	LABORATORY	0	170,260
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,642
64.00	06400	INTRAVENOUS THERAPY	0	0
65.00	06500	RESPIRATORY THERAPY	0	37,692
66.00	06600	PHYSICAL THERAPY	0	58,370
67.00	06700	OCCUPATIONAL THERAPY	0	6,693
68.00	06800	SPEECH PATHOLOGY	0	1,398
69.00	06900	ELECTROCARDIOLOGY	0	1,209
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	37,423
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	114,441
73.00	07300	DRUGS CHARGED TO PATIENTS	0	61,583
73.01	07301	CARDIAC REHAB	0	2,860
73.02	07302	WOUND CARE	0	22,710
73.03	07303	SLEEP LAB	0	20,008
73.04	03950	DIETARY EDUCATION	0	1,002
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	669,693
90.00	09000	CLINIC	0	25,524
90.01	09001	GERI PSYCH CLINIC	0	6,251
90.02	09002	ORTHO AND CARDIO CLINIC	0	112,792

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/24/2022 9:28 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
90.03	09003	GENERAL SURGERY CLINIC	0	88,385	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	0	29,096	90.05
91.00	09100	EMERGENCY	0	159,379	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	13	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	347,741	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,393,010	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	31,722	190.00
192.01	19201	GAH - MSO	0	0	192.01
192.02	19202	GAH FOUNDATION	0	3,962	192.02
194.00	07950	FALCON POINT RENTAL	0	17,857	194.00
194.01	07951	PHYSICIAN OFFICE	0	26,838	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	10,969	194.02
194.03	07953	WELLNESS CENTER	0	3,678	194.03
194.04	07954	PSYCH CLINIC	0	24,223	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	646	194.05
194.06	07956	LASER CLINIC	0	0	194.06
194.07	07957	PAIN CLINIC	0	2,689	194.07
194.08	07958	340B PHARMACY	0	8,781	194.08
194.09	07959	GAH CARDIOLOGY	0	0	194.09
194.10	07960	WIC	0	2,639	194.10
194.11	07961	PULMONARY CLINIC	0	96,015	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	4,478	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	31,631	194.16
194.17	07967	ELITE PERFORMANCE	0	89,206	194.17
194.18	07968	GAFM	0	14,041	194.18
194.19	07969	GAPC	0	0	194.19
194.20	07970	FHCF	0	16,283	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	8,380	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	183	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	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	102,236	194.26
194.27	07977	RETAIL PHARMACY	0	64,553	194.27
194.28	07978	CP THERAPY	0	4,629	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	4,958,649	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/24/2022 9:28 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	108,402					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	666	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	23,380	308	0	0	0	5.02
7.00	00700	OPERATION OF PLANT	9,223	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	96	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,501	0	0	0	0	14.00
15.00	01500	PHARMACY	827	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	483	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,082	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	10,303	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.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	398	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	339	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 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/24/2022 9:28 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
90.05	09005	ENT AND UROLOGY CLINIC	786	0	0	0	0	90.05
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								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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)	97,359	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	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	2,016	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	2,924	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	3,192	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)	1,418,783	297,128	8,407	12,678	69,347	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.088163	30.177534	1.807180	5.869444	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 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/24/2022 9:28 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 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/24/2022 9:28 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
90.05	09005	ENT AND UROLOGY CLINIC	0	0	0	0	0	90.05
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								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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)	15,724	152,940	51,720	10,715	413	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.788063	5.352418	24.281690	2.283674	0.059000	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 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/24/2022 9:28 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 10/01/2020 To 09/30/2021	Worksheet B-1 Date/Time Prepared: 2/24/2022 9:28 am
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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	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	7,057	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	0	0	0	0	90.05
91.00	09100	EMERGENCY	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	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	4,500	2,346	3,228	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	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	192.02
194.00	07950	FALCON POINT RENTAL	0	0	0	0	194.00
194.01	07951	PHYSICIAN OFFICE	0	0	0	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	0	0	0	1,554	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	194.03
194.04	07954	PSYCH CLINIC	0	0	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	0	0	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	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	0	0	0	194.17
194.18	07968	GAFM	0	0	0	0	194.18
194.19	07969	GAPC	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	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	0	0	0	194.26
194.27	07977	RETAIL PHARMACY	0	0	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)	6,901	6,836	24,790	35,703	6,685 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.533556	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 10/01/2020
To 09/30/2021Worksheet B-1
Date/Time Prepared:
2/24/2022 9:28 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	4,052					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	4,052	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	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	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 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/24/2022 9:28 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
90.05	09005	ENT AND UROLOGY CLINIC	0	0	0	0	0	90.05
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								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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)	4,052	0	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	4,032	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)	5,367	10,141	2,519	14,783	29,665	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.324531	2.515129	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 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/24/2022 9:28 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	4,175				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				2,411,018	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	37,049,838	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	1,771	5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	4,175	0	4,224	730,734	5.02
7.00	00700	OPERATION OF PLANT	0	0	0	9,752	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	13,592	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	710	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	1,864	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	19,560	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	12,672	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	384,350	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	17,093	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	503,787	54.00
56.00	05600	RADIOISOTOPE	0	0	0	22,941	56.00
60.00	06000	LABORATORY	0	0	0	70,138	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,984	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,432	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	1,581	73.01
73.02	07302	WOUND CARE	0	0	0	0	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	86,124	88.00
90.00	09000	CLINIC	0	0	0	3,154	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/24/2022 9:28 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		
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	166,261	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	62,362	786,837	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	69,217	223,930	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	0	0	0	11,238	45,735	90.05
91.00	09100	EMERGENCY	0	0	0	22,919	1,381,682	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								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	228,148	2,157,211	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,175	0	4,224	2,299,997	32,964,840	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	87,442	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	34,410	194.02
194.03	07953	WELLNESS CENTER	0	0	0	0	144,193	194.03
194.04	07954	PSYCH CLINIC	0	0	0	0	483,425	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	0	0	0	0	702	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	0	0	0	0	3,032	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	132,298	194.10
194.11	07961	PULMONARY CLINIC	0	0	0	22,382	319,400	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	1,309	308,556	194.16
194.17	07967	ELITE PERFORMANCE	0	0	0	49,911	1,346,141	194.17
194.18	07968	GAFM	0	0	0	1,100	154,278	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	0	0	0	0	37,019	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	0	0	0	155,570	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	33,462	280,463	194.26
194.27	07977	RETAIL PHARMACY	0	0	0	2,857	425,023	194.27
194.28	07978	CP THERAPY	0	0	0	0	173,046	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)	13,612	13,110	12,878	2,737,804	13,768,752	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.260359	6.799793	3.048769	1.135539	0.371628	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					8,717	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					0.000235	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 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/24/2022 9:28 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	00580	CASHIERING/ACCOUNTS RECEIVABLE	-2,658,119	36,098,500			5.01
5.02	00591	ALL OTHER ADMIN & GENERAL	-14,325,147	0	-14,325,147	86,713,545	5.02
7.00	00700	OPERATION OF PLANT	-2,043,523	0	0	2,043,523	7.00
7.01	00701	OPERATION OF PLANT-OUTSIDE PROPERTY	-486,703	0	0	486,703	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	-543,232	0	0	543,232	8.00
9.00	00900	HOUSEKEEPING	-768,908	0	0	768,908	9.00
10.00	01000	DIETARY	-751,198	0	0	751,198	10.00
11.00	01100	CAFETERIA	-400,612	0	0	400,612	11.00
13.00	01300	NURSING ADMINISTRATION	-550,201	0	0	550,201	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-423,638	0	0	423,638	14.00
15.00	01500	PHARMACY	-1,236,775	0	0	1,236,775	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-611,531	0	0	611,531	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	5,239,577	0	5,625,400	30.00
31.00	03100	INTENSIVE CARE UNIT	0	84,148	0	90,344	31.00
43.00	04300	NURSERY	0	734,546	0	788,634	43.00
44.00	04400	SKILLED NURSING FACILITY	-139,437	0	0	139,437	44.00
46.00	04600	OTHER LONG TERM CARE	-2,328,877	0	0	2,328,877	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	4,553,516	0	4,888,814	50.00
51.00	05100	RECOVERY ROOM	0	656,638	0	704,990	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	363,671	0	390,450	52.00
53.00	05300	ANESTHESIOLOGY	0	135,076	0	145,022	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,956,901	0	4,248,267	54.00
56.00	05600	RADIOISOTOPE	0	250,543	0	268,992	56.00
60.00	06000	LABORATORY	0	3,721,012	0	3,995,009	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	105,871	0	113,667	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	705,453	0	757,399	65.00
66.00	06600	PHYSICAL THERAPY	0	1,915,093	0	2,056,111	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	411,913	0	442,244	67.00
68.00	06800	SPEECH PATHOLOGY	0	89,714	0	96,320	68.00
69.00	06900	ELECTROCARDIOLOGY	0	66,446	0	71,339	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,658,846	0	1,780,995	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,076,750	0	5,450,576	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,148,805	0	2,307,032	73.00
73.01	07301	CARDIAC REHAB	0	57,672	0	61,919	73.01
73.02	07302	WOUND CARE	0	482,387	0	517,908	73.02
73.03	07303	SLEEP LAB	0	162,710	0	174,691	73.03
73.04	03950	DIETARY EDUCATION	0	66,333	0	71,217	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	-17,032,540	0	0	17,032,540	88.00
90.00	09000	CLINIC	-404,233	0	0	404,233	90.00
90.01	09001	GERI PSYCH CLINIC	-346,997	0	0	346,997	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	-1,638,049	0	0	1,638,049	90.02
90.03	09003	GENERAL SURGERY CLINIC	-693,926	0	0	693,926	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/24/2022 9:28 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	0	0	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	-299,729	0	0	299,729	786	90.05
91.00	09100	EMERGENCY	0	3,149,644	0	3,381,568	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								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	-3,351,394	0	0	3,351,394	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-51,034,769	35,793,265	-14,325,147	72,480,411	73,628	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-995	0	0	995	76	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	-275,366	0	0	275,366	0	192.02
194.00	07950	FALCON POINT RENTAL	-13,110	0	0	13,110	1,928	194.00
194.01	07951	PHYSICIAN OFFICE	-26,386	0	0	26,386	0	194.01
194.02	07952	PLASTIC SURG & DR. CHUNG	-293,530	0	0	293,530	0	194.02
194.03	07953	WELLNESS CENTER	-210,186	0	0	210,186	0	194.03
194.04	07954	PSYCH CLINIC	-1,165,163	0	0	1,165,163	0	194.04
194.05	07955	MAHOMET SPECIALTY CLINIC	-46,391	0	0	46,391	0	194.05
194.06	07956	LASER CLINIC	0	0	0	0	0	194.06
194.07	07957	PAIN CLINIC	-192,980	0	0	192,980	0	194.07
194.08	07958	340B PHARMACY	-630,402	0	0	630,402	0	194.08
194.09	07959	GAH CARDIOLOGY	0	0	0	0	0	194.09
194.10	07960	WIC	-187,142	0	0	187,142	0	194.10
194.11	07961	PULMONARY CLINIC	-1,823,188	0	0	1,823,188	2,924	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	-4,339	0	0	4,339	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	-1,418,764	0	0	1,418,764	0	194.16
194.17	07967	ELITE PERFORMANCE	-2,191,507	0	0	2,191,507	0	194.17
194.18	07968	GAFM	-888,680	0	0	888,680	0	194.18
194.19	07969	GAPC	0	0	0	0	0	194.19
194.20	07970	FHCF	-148,432	0	0	148,432	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	-584,348	0	0	584,348	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	0	0	0	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	0	0	194.23
194.24	07974	#3 CLINIC (DR. DELOST)	0	0	0	0	0	194.24
194.25	07975	GIBSON HEALTH OF MAHOMET	0	0	0	0	0	194.25
194.26	07976	DENTAL CLINIC	-1,069,922	0	0	1,069,922	3,192	194.26
194.27	07977	RETAIL PHARMACY	-2,734,592	0	0	2,734,592	0	194.27
194.28	07978	CP THERAPY	0	305,235	0	327,711	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)		2,658,119		14,325,147	2,381,115	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.073635		0.165201	29.127502	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		2,315		1,207,927	160,394	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000064		0.013930	1.962054	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 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/24/2022 9:28 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	163,126					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	579,830				8.00
9.00	00900	HOUSEKEEPING	13	72,649	84,803			9.00
10.00	01000	DIETARY	0	14,620	2,018	68,051		10.00
11.00	01100	CAFETERIA	0	24,365	1,056	0	23,203	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	96	0	414	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	3,501	0	0	14.00
15.00	01500	PHARMACY	0	0	827	0	668	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	483	0	685	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	80,617	16,119	13,849	4,138	30.00
31.00	03100	INTENSIVE CARE UNIT	0	845	887	40	44	31.00
43.00	04300	NURSERY	0	1,202	617	0	588	43.00
44.00	04400	SKILLED NURSING FACILITY	0	15,613	639	1,953	144	44.00
46.00	04600	OTHER LONG TERM CARE	0	67,192	13,026	30,255	2,226	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	40,823	10,744	0	2,878	50.00
51.00	05100	RECOVERY ROOM	0	0	1,470	0	593	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,100	2,548	0	244	52.00
53.00	05300	ANESTHESIOLOGY	0	0	529	0	512	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,404	5,116	0	2,286	54.00
56.00	05600	RADIOISOTOPE	0	0	325	0	81	56.00
60.00	06000	LABORATORY	0	0	1,799	0	2,098	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	398	0	637	65.00
66.00	06600	PHYSICAL THERAPY	7,070	20,204	339	0	1,949	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	319	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	25	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	56	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	82	73.01
73.02	07302	WOUND CARE	0	0	933	0	417	73.02
73.03	07303	SLEEP LAB	0	0	717	0	115	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	65,068	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	975	0	545	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 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/24/2022 9:28 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	0	0	0	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	0	0	786	0	0	90.05
91.00	09100	EMERGENCY	0	21,787	5,161	0	1,358	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								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	11,074	2,756	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)	92,298	383,177	76,683	46,097	23,102	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	196,653	76	21,954	0	190.00
192.01	19201	GAH - MSO	0	0	0	0	0	192.01
192.02	19202	GAH FOUNDATION	0	0	0	0	101	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	2,924	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	4,032	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	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	3,192	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)	567,107	682,170	1,005,625	975,206	538,740	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.476497	1.176500	11.858366	14.330517	23.218549	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	6,789	48,492	30,813	43,678	23,940	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.041618	0.083631	0.363348	0.641842	1.031763	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 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/24/2022 9:28 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		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	242,104			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,557,716		14.00
15.00	01500	PHARMACY	0	41,921	2,425,111	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,007	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	86,063	167,347	4,842	30.00
31.00	03100	INTENSIVE CARE UNIT	922	0	37	31.00
43.00	04300	NURSERY	12,230	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	43,598	221	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	59,854	508,160	33,467	50.00
51.00	05100	RECOVERY ROOM	12,343	13,408	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,075	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	15,831	8,373	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18,192	10,584	54.00
56.00	05600	RADIOISOTOPE	0	1,447	125	56.00
60.00	06000	LABORATORY	0	256,665	250	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	13,243	2,682	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,707	543	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	39	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,658,846	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,076,750	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,148,805	73.00
73.01	07301	CARDIAC REHAB	1,712	731	0	73.01
73.02	07302	WOUND CARE	8,681	19,033	704	73.02
73.03	07303	SLEEP LAB	2,386	355	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	480,258	140,088	88.00
90.00	09000	CLINIC	11,340	14,506	549	90.00
90.01	09001	GERI PSYCH CLINIC	0	467	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	33,347	42,252	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/24/2022 9:28 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			13.00	14.00	15.00	16.00	
90.03	09003	GENERAL SURGERY CLINIC	0	4,544	57	459,637	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	0	2,249	1,017	65,189	90.05
91.00	09100	EMERGENCY	28,255	79,987	1,205	17,088,775	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	187,423	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	13,462	10,659	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	242,104	8,458,546	2,403,778	233,058,211	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	74	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	488	9,164	0	194.02
194.03	07953	WELLNESS CENTER	0	1,717	0	0	194.03
194.04	07954	PSYCH CLINIC	0	4,544	729	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	189	0	0	194.10
194.11	07961	PULMONARY CLINIC	0	4,480	2,026	0	194.11
194.12	07962	FAMILY HEALTHCARE OF POTOMAC	0	0	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	3,218	144	0	194.17
194.18	07968	GAFM	0	38,809	1,487	0	194.18
194.19	07969	GAPC	0	0	0	0	194.19
194.20	07970	FHCF	0	3,938	4,795	0	194.20
194.21	07971	FAMILY H.C. FAIRBURY	0	9,420	745	0	194.21
194.22	07972	GIBSON HEALTH OF WATSEKA	0	21,512	2,100	0	194.22
194.23	07973	WEEKEND CLINIC AT GAH	0	0	0	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	9,226	143	0	194.26
194.27	07977	RETAIL PHARMACY	0	1,108	0	0	194.27
194.28	07978	CP THERAPY	0	447	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)	654,641	637,114	1,493,617	748,334	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.703966	0.074449	0.615896	0.003211	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	9,650	61,981	31,123	16,752	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.039859	0.007243	0.012834	0.000072	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 10/01/2020
To 09/30/2021

Worksheet B-2

Date/Time Prepared:
2/24/2022 9:28 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	-470,989
8.00		IV THERAPY RECLASS		1	64.00	470,989
9.00		BLOOD ADMIN AND RECOVERY RECLASS		1	30.00	-66,841
10.00		BLOOD ADMIN AND RECOVERY RECLASS		1	93.00	66,841

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/24/2022 9:28 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	7,366,373		7,366,373	0	7,366,373	30.00
31.00	03100	INTENSIVE CARE UNIT	147,011		147,011	0	147,011	31.00
43.00	04300	NURSERY	994,463		994,463	0	994,463	43.00
44.00	04400	SKILLED NURSING FACILITY	238,360		238,360	0	238,360	44.00
46.00	04600	OTHER LONG TERM CARE	3,815,180		3,815,180	0	3,815,180	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,575,929		6,575,929	0	6,575,929	50.00
51.00	05100	RECOVERY ROOM	944,462		944,462	0	944,462	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	596,755		596,755	0	596,755	52.00
53.00	05300	ANESTHESIOLOGY	218,089		218,089	0	218,089	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,371,132		5,371,132	0	5,371,132	54.00
56.00	05600	RADIOISOTOPE	334,756		334,756	0	334,756	56.00
60.00	06000	LABORATORY	4,917,949		4,917,949	0	4,917,949	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	134,780		134,780	0	134,780	63.00
64.00	06400	INTRAVENOUS THERAPY	470,989		470,989	0	470,989	64.00
65.00	06500	RESPIRATORY THERAPY	966,081	0	966,081	0	966,081	65.00
66.00	06600	PHYSICAL THERAPY	2,529,543	0	2,529,543	0	2,529,543	66.00
67.00	06700	OCCUPATIONAL THERAPY	527,524	0	527,524	0	527,524	67.00
68.00	06800	SPEECH PATHOLOGY	113,605	0	113,605	0	113,605	68.00
69.00	06900	ELECTROCARDIOLOGY	90,909		90,909	0	90,909	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,220,717		2,220,717	0	2,220,717	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,792,330		6,792,330	0	6,792,330	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,088,817		4,088,817	0	4,088,817	73.00
73.01	07301	CARDIAC REHAB	80,165		80,165	0	80,165	73.01
73.02	07302	WOUND CARE	680,736		680,736	0	680,736	73.02
73.03	07303	SLEEP LAB	246,155		246,155	0	246,155	73.03
73.04	03950	DIETARY EDUCATION	83,257		83,257	0	83,257	73.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	20,194,561		20,194,561	0	20,194,561	88.00
90.00	09000	CLINIC	560,097		560,097	0	560,097	90.00
90.01	09001	GERI PSYCH CLINIC	412,797		412,797	0	412,797	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	1,965,190		1,965,190	0	1,965,190	90.02
90.03	09003	GENERAL SURGERY CLINIC	810,412		810,412	0	810,412	90.03
90.04	09004	GAPC AND #3 CLINIC	0		0	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	382,462		382,462	0	382,462	90.05
91.00	09100	EMERGENCY	4,346,867		4,346,867	0	4,346,867	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,464,365		1,464,365	0	1,464,365	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	67,443		67,443	0	67,443	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	4,020,455		4,020,455	0	4,020,455	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	84,770,716	0	84,770,716	0	84,770,716	200.00
201.00		Less Observation Beds	1,464,365		1,464,365		1,464,365	201.00
202.00		Total (see instructions)	83,306,351	0	83,306,351	0	83,306,351	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/24/2022 9:28 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	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,289,810		10,289,810		30.00
31.00	03100	INTENSIVE CARE UNIT	88,010		88,010		31.00
43.00	04300	NURSERY	660,137		660,137		43.00
44.00	04400	SKILLED NURSING FACILITY	172,395		172,395		44.00
46.00	04600	OTHER LONG TERM CARE	2,534,384		2,534,384		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,337,488	24,047,464	32,384,952	0.203055	50.00
51.00	05100	RECOVERY ROOM	746,678	3,805,212	4,551,890	0.207488	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,405,695	325,892	3,731,587	0.159920	52.00
53.00	05300	ANESTHESIOLOGY	467,601	2,398,675	2,866,276	0.076088	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,513,929	38,689,909	41,203,838	0.130355	54.00
56.00	05600	RADIOISOTOPE	45,738	1,804,150	1,849,888	0.180960	56.00
60.00	06000	LABORATORY	2,844,681	34,916,958	37,761,639	0.130237	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	383,643	343,652	727,295	0.185317	63.00
64.00	06400	INTRAVENOUS THERAPY	40,395	3,879,962	3,920,357	0.120139	64.00
65.00	06500	RESPIRATORY THERAPY	3,544,402	1,577,815	5,122,217	0.188606	65.00
66.00	06600	PHYSICAL THERAPY	1,257,307	6,732,189	7,989,496	0.316609	66.00
67.00	06700	OCCUPATIONAL THERAPY	738,543	760,250	1,498,793	0.351966	67.00
68.00	06800	SPEECH PATHOLOGY	23,566	223,397	246,963	0.460008	68.00
69.00	06900	ELECTROCARDIOLOGY	104,162	1,914,566	2,018,728	0.045033	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,126,104	4,725,560	6,851,664	0.324114	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,320,135	6,409,908	19,730,043	0.344263	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,256,478	15,792,245	24,048,723	0.170022	73.00
73.01	07301	CARDIAC REHAB	0	445,268	445,268	0.180038	73.01
73.02	07302	WOUND CARE	11,159	1,241,587	1,252,746	0.543395	73.02
73.03	07303	SLEEP LAB	9,533	1,258,317	1,267,850	0.194152	73.03
73.04	03950	DIETARY EDUCATION	50,718	35,049	85,767	0.970735	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	21,802,501	21,802,501		88.00
90.00	09000	CLINIC	2,116	1,364,447	1,366,563	0.409858	90.00
90.01	09001	GERI PSYCH CLINIC	0	445,942	445,942	0.925674	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	213	1,088,011	1,088,224	1.805869	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	459,637	459,637	1.763157	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0.000000	90.04
90.05	09005	ENT AND UROLOGY CLINIC	0	65,189	65,189	5.866971	90.05
91.00	09100	EMERGENCY	630,249	16,458,526	17,088,775	0.254370	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	18,092	1,744,429	1,762,521	0.830835	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	19	187,404	187,423	0.359844	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	6,349,357	6,349,357	0.633207	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	62,623,380	201,293,468	263,916,848		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	62,623,380	201,293,468	263,916,848		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/24/2022 9:28 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	0.203055		50.00
51.00	05100	RECOVERY ROOM	0.207488		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.159920		52.00
53.00	05300	ANESTHESIOLOGY	0.076088		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130355		54.00
56.00	05600	RADIOISOTOPE	0.180960		56.00
60.00	06000	LABORATORY	0.130237		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.185317		63.00
64.00	06400	INTRAVENOUS THERAPY	0.120139		64.00
65.00	06500	RESPIRATORY THERAPY	0.188606		65.00
66.00	06600	PHYSICAL THERAPY	0.316609		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351966		67.00
68.00	06800	SPEECH PATHOLOGY	0.460008		68.00
69.00	06900	ELECTROCARDIOLOGY	0.045033		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.324114		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.344263		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.170022		73.00
73.01	07301	CARDIAC REHAB	0.180038		73.01
73.02	07302	WOUND CARE	0.543395		73.02
73.03	07303	SLEEP LAB	0.194152		73.03
73.04	03950	DIETARY EDUCATION	0.970735		73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
90.00	09000	CLINIC	0.409858		90.00
90.01	09001	GERI PSYCH CLINIC	0.925674		90.01
90.02	09002	ORTHO AND CARDIO CLINIC	1.805869		90.02
90.03	09003	GENERAL SURGERY CLINIC	1.763157		90.03
90.04	09004	GAPC AND #3 CLINIC	0.000000		90.04
90.05	09005	ENT AND UROLOGY CLINIC	5.866971		90.05
91.00	09100	EMERGENCY	0.254370		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.830835		92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.359844		93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.633207		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 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/24/2022 9:28 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	7,366,373		7,366,373	0	7,366,373
31.00	03100	INTENSIVE CARE UNIT	147,011		147,011	0	147,011
43.00	04300	NURSERY	994,463		994,463	0	994,463
44.00	04400	SKILLED NURSING FACILITY	238,360		238,360	0	238,360
46.00	04600	OTHER LONG TERM CARE	3,815,180		3,815,180	0	3,815,180
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,575,929		6,575,929	0	6,575,929
51.00	05100	RECOVERY ROOM	944,462		944,462	0	944,462
52.00	05200	DELIVERY ROOM & LABOR ROOM	596,755		596,755	0	596,755
53.00	05300	ANESTHESIOLOGY	218,089		218,089	0	218,089
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,371,132		5,371,132	0	5,371,132
56.00	05600	RADIOISOTOPE	334,756		334,756	0	334,756
60.00	06000	LABORATORY	4,917,949		4,917,949	0	4,917,949
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	134,780		134,780	0	134,780
64.00	06400	INTRAVENOUS THERAPY	470,989		470,989	0	470,989
65.00	06500	RESPIRATORY THERAPY	966,081	0	966,081	0	966,081
66.00	06600	PHYSICAL THERAPY	2,529,543	0	2,529,543	0	2,529,543
67.00	06700	OCCUPATIONAL THERAPY	527,524	0	527,524	0	527,524
68.00	06800	SPEECH PATHOLOGY	113,605	0	113,605	0	113,605
69.00	06900	ELECTROCARDIOLOGY	90,909		90,909	0	90,909
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,220,717		2,220,717	0	2,220,717
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,792,330		6,792,330	0	6,792,330
73.00	07300	DRUGS CHARGED TO PATIENTS	4,088,817		4,088,817	0	4,088,817
73.01	07301	CARDIAC REHAB	80,165		80,165	0	80,165
73.02	07302	WOUND CARE	680,736		680,736	0	680,736
73.03	07303	SLEEP LAB	246,155		246,155	0	246,155
73.04	03950	DIETARY EDUCATION	83,257		83,257	0	83,257
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	20,194,561		20,194,561	0	20,194,561
90.00	09000	CLINIC	560,097		560,097	0	560,097
90.01	09001	GERI PSYCH CLINIC	412,797		412,797	0	412,797
90.02	09002	ORTHO AND CARDIO CLINIC	1,965,190		1,965,190	0	1,965,190
90.03	09003	GENERAL SURGERY CLINIC	810,412		810,412	0	810,412
90.04	09004	GAPC AND #3 CLINIC	0		0	0	0
90.05	09005	ENT AND UROLOGY CLINIC	382,462		382,462	0	382,462
91.00	09100	EMERGENCY	4,346,867		4,346,867	0	4,346,867
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,464,365		1,464,365	0	1,464,365
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	67,443		67,443	0	67,443
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0
95.00	09500	AMBULANCE SERVICES	4,020,455		4,020,455	0	4,020,455
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (see instructions)	84,770,716	0	84,770,716	0	84,770,716
201.00		Less Observation Beds	1,464,365		1,464,365		1,464,365
202.00		Total (see instructions)	83,306,351	0	83,306,351	0	83,306,351

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN: 14-1317		Period: From 10/01/2020 To 09/30/2021		Worksheet C Part I Date/Time Prepared: 2/24/2022 9:28 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	10,289,810		10,289,810					30.00	
31.00	03100	INTENSIVE CARE UNIT	88,010		88,010					31.00	
43.00	04300	NURSERY	660,137		660,137					43.00	
44.00	04400	SKILLED NURSING FACILITY	172,395		172,395					44.00	
46.00	04600	OTHER LONG TERM CARE	2,534,384		2,534,384					46.00	
ANCILLARY SERVICE COST CENTERS											
50.00	05000	OPERATING ROOM	8,337,488	24,047,464	32,384,952	0.203055	0.000000			50.00	
51.00	05100	RECOVERY ROOM	746,678	3,805,212	4,551,890	0.207488	0.000000			51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,405,695	325,892	3,731,587	0.159920	0.000000			52.00	
53.00	05300	ANESTHESIOLOGY	467,601	2,398,675	2,866,276	0.076088	0.000000			53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,513,929	38,689,909	41,203,838	0.130355	0.000000			54.00	
56.00	05600	RADIOISOTOPE	45,738	1,804,150	1,849,888	0.180960	0.000000			56.00	
60.00	06000	LABORATORY	2,844,681	34,916,958	37,761,639	0.130237	0.000000			60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	383,643	343,652	727,295	0.185317	0.000000			63.00	
64.00	06400	INTRAVENOUS THERAPY	40,395	3,879,962	3,920,357	0.120139	0.000000			64.00	
65.00	06500	RESPIRATORY THERAPY	3,544,402	1,577,815	5,122,217	0.188606	0.000000			65.00	
66.00	06600	PHYSICAL THERAPY	1,257,307	6,732,189	7,989,496	0.316609	0.000000			66.00	
67.00	06700	OCCUPATIONAL THERAPY	738,543	760,250	1,498,793	0.351966	0.000000			67.00	
68.00	06800	SPEECH PATHOLOGY	23,566	223,397	246,963	0.460008	0.000000			68.00	
69.00	06900	ELECTROCARDIOLOGY	104,162	1,914,566	2,018,728	0.045033	0.000000			69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,126,104	4,725,560	6,851,664	0.324114	0.000000			71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,320,135	6,409,908	19,730,043	0.344263	0.000000			72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	8,256,478	15,792,245	24,048,723	0.170022	0.000000			73.00	
73.01	07301	CARDIAC REHAB	0	445,268	445,268	0.180038	0.000000			73.01	
73.02	07302	WOUND CARE	11,159	1,241,587	1,252,746	0.543395	0.000000			73.02	
73.03	07303	SLEEP LAB	9,533	1,258,317	1,267,850	0.194152	0.000000			73.03	
73.04	03950	DIETARY EDUCATION	50,718	35,049	85,767	0.970735	0.000000			73.04	
OUTPATIENT SERVICE COST CENTERS											
88.00	08800	RURAL HEALTH CLINIC	0	21,802,501	21,802,501	0.926250	0.000000			88.00	
90.00	09000	CLINIC	2,116	1,364,447	1,366,563	0.409858	0.000000			90.00	
90.01	09001	GERI PSYCH CLINIC	0	445,942	445,942	0.925674	0.000000			90.01	
90.02	09002	ORTHO AND CARDIO CLINIC	213	1,088,011	1,088,224	1.805869	0.000000			90.02	
90.03	09003	GENERAL SURGERY CLINIC	0	459,637	459,637	1.763157	0.000000			90.03	
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0.000000	0.000000			90.04	
90.05	09005	ENT AND UROLOGY CLINIC	0	65,189	65,189	5.866971	0.000000			90.05	
91.00	09100	EMERGENCY	630,249	16,458,526	17,088,775	0.254370	0.000000			91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	18,092	1,744,429	1,762,521	0.830835	0.000000			92.00	
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	19	187,404	187,423	0.359844	0.000000			93.00	
OTHER REIMBURSABLE COST CENTERS											
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000			94.00	
95.00	09500	AMBULANCE SERVICES	0	6,349,357	6,349,357	0.633207	0.000000			95.00	
SPECIAL PURPOSE COST CENTERS											
113.00	11300	INTEREST EXPENSE								113.00	
200.00		Subtotal (see instructions)	62,623,380	201,293,468	263,916,848					200.00	
201.00		Less Observation Beds								201.00	
202.00		Total (see instructions)	62,623,380	201,293,468	263,916,848					202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/24/2022 9:28 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
90.05	09005	ENT AND UROLOGY CLINIC	0.000000			90.05
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						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
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 10/01/2020
To 09/30/2021Worksheet D
Part II
Date/Time Prepared:
2/24/2022 9:28 am

			Title XVIII		Hospital	Cost			
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	693,669	32,384,952	0.021419	3,661,885	78,434	50.00	
51.00	05100	RECOVERY ROOM	34,154	4,551,890	0.007503	330,827	2,482	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	78,778	3,731,587	0.021111	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	38,068	2,866,276	0.013281	213,955	2,842	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	717,572	41,203,838	0.017415	1,259,977	21,942	54.00	
56.00	05600	RADIOISOTOPE	35,071	1,849,888	0.018958	35,245	668	56.00	
60.00	06000	LABORATORY	170,260	37,761,639	0.004509	1,335,678	6,023	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,642	727,295	0.002258	227,401	513	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	3,920,357	0.000000	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	37,692	5,122,217	0.007359	1,729,759	12,729	65.00	
66.00	06600	PHYSICAL THERAPY	58,370	7,989,496	0.007306	483,161	3,530	66.00	
67.00	06700	OCCUPATIONAL THERAPY	6,693	1,498,793	0.004466	247,972	1,107	67.00	
68.00	06800	SPEECH PATHOLOGY	1,398	246,963	0.005661	12,518	71	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,209	2,018,728	0.000599	57,310	34	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	37,423	6,851,664	0.005462	814,622	4,449	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	114,441	19,730,043	0.005800	5,622,879	32,613	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	61,583	24,048,723	0.002561	3,304,349	8,462	73.00	
73.01	07301	CARDIAC REHAB	2,860	445,268	0.006423	0	0	73.01	
73.02	07302	WOUND CARE	22,710	1,252,746	0.018128	1,474	27	73.02	
73.03	07303	SLEEP LAB	20,008	1,267,850	0.015781	0	0	73.03	
73.04	03950	DIETARY EDUCATION	1,002	85,767	0.011683	11,556	135	73.04	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	669,693	21,802,501	0.030716	0	0	88.00	
90.00	09000	CLINIC	25,524	1,366,563	0.018678	2,116	40	90.00	
90.01	09001	GERI PSYCH CLINIC	6,251	445,942	0.014018	0	0	90.01	
90.02	09002	ORTHO AND CARDIO CLINIC	112,792	1,088,224	0.103648	0	0	90.02	
90.03	09003	GENERAL SURGERY CLINIC	88,385	459,637	0.192293	0	0	90.03	
90.04	09004	GAPC AND #3 CLINIC	0	0	0.000000	0	0	90.04	
90.05	09005	ENT AND UROLOGY CLINIC	29,096	65,189	0.446333	0	0	90.05	
91.00	09100	EMERGENCY	159,379	17,088,775	0.009327	407	4	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	95,238	1,762,521	0.054035	13,050	705	92.00	
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	13	187,423	0.000069	0	0	93.00	
	OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00	
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)	3,320,974	243,822,755		19,366,141	176,810	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/24/2022 9:28 am

Cost Center Description			Title XVIII		Hospital		Cost	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	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
90.05	09005	ENT AND UROLOGY CLINIC	0	0	0	0	0	90.05
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								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/24/2022 9:28 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	32,384,952	0.000000
51.00	05100	RECOVERY ROOM	0	0	0	4,551,890	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,731,587	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	2,866,276	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	41,203,838	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	1,849,888	0.000000
60.00	06000	LABORATORY	0	0	0	37,761,639	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	727,295	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	3,920,357	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,122,217	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	7,989,496	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,498,793	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	246,963	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,018,728	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,851,664	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,730,043	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	24,048,723	0.000000
73.01	07301	CARDIAC REHAB	0	0	0	445,268	0.000000
73.02	07302	WOUND CARE	0	0	0	1,252,746	0.000000
73.03	07303	SLEEP LAB	0	0	0	1,267,850	0.000000
73.04	03950	DIETARY EDUCATION	0	0	0	85,767	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	21,802,501	0.000000
90.00	09000	CLINIC	0	0	0	1,366,563	0.000000
90.01	09001	GERI PSYCH CLINIC	0	0	0	445,942	0.000000
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	1,088,224	0.000000
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	459,637	0.000000
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0.000000
90.05	09005	ENT AND UROLOGY CLINIC	0	0	0	65,189	0.000000
91.00	09100	EMERGENCY	0	0	0	17,088,775	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	1,762,521	0.000000
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	187,423	0.000000
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000
200.00		Total (lines 50 through 199)	0	0	0	243,822,755	200.00

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 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/24/2022 9:28 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	3,661,885	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	330,827	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	213,955	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,259,977	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	35,245	0	0	0	0	56.00
60.00	06000	LABORATORY	0.000000	1,335,678	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	227,401	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	1,729,759	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	483,161	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	247,972	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	12,518	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	57,310	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	814,622	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,622,879	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	3,304,349	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	1,474	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	11,556	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	2,116	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
90.05	09005	ENT AND UROLOGY CLINIC	0.000000	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0.000000	407	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	13,050	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									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		19,366,141	0	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part V
Date/Time Prepared:
2/24/2022 9:28 am

			Title XVIII		Hospital		Cost	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.203055	0	6,571,136	0	0	50.00
51.00	05100	RECOVERY ROOM	0.207488	0	1,117,802	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.159920	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.076088	0	725,740	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130355	0	11,448,626	0	0	54.00
56.00	05600	RADIOISOTOPE	0.180960	0	537,909	0	0	56.00
60.00	06000	LABORATORY	0.130237	0	9,904,267	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.185317	0	191,807	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.120139	0	1,014,545	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.188606	0	431,719	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.316609	0	1,848,258	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351966	0	203,466	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.460008	0	16,405	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.045033	0	694,311	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.324114	0	1,333,826	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.344263	0	2,303,090	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.170022	0	5,971,140	4,000	0	73.00
73.01	07301	CARDIAC REHAB	0.180038	0	283,440	0	0	73.01
73.02	07302	WOUND CARE	0.543395	0	317,959	0	0	73.02
73.03	07303	SLEEP LAB	0.194152	0	25,753	0	0	73.03
73.04	03950	DIETARY EDUCATION	0.970735	0	0	0	0	73.04
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC						88.00
90.00	09000	CLINIC	0.409858	0	382,400	75,133	0	90.00
90.01	09001	GERI PSYCH CLINIC	0.925674	0	327,279	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	1.805869	0	219,520	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	1.763157	0	120,621	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	5.866971	0	14,096	0	0	90.05
91.00	09100	EMERGENCY	0.254370	0	4,348,567	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.830835	0	588,729	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.359844	0	95,950	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0		94.00
95.00	09500	AMBULANCE SERVICES	0.633207		0			95.00
200.00		Subtotal (see instructions)		0	51,038,361	79,133	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	51,038,361	79,133	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part V
Date/Time Prepared:
2/24/2022 9:28 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	1,334,302	0		50.00
51.00	05100	RECOVERY ROOM	231,931	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	55,220	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,492,386	0		54.00
56.00	05600	RADIOISOTOPE	97,340	0		56.00
60.00	06000	LABORATORY	1,289,902	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	35,545	0		63.00
64.00	06400	INTRAVENOUS THERAPY	121,886	0		64.00
65.00	06500	RESPIRATORY THERAPY	81,425	0		65.00
66.00	06600	PHYSICAL THERAPY	585,175	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	71,613	0		67.00
68.00	06800	SPEECH PATHOLOGY	7,546	0		68.00
69.00	06900	ELECTROCARDIOLOGY	31,267	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	432,312	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	792,869	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,015,225	680		73.00
73.01	07301	CARDIAC REHAB	51,030	0		73.01
73.02	07302	WOUND CARE	172,777	0		73.02
73.03	07303	SLEEP LAB	5,000	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	156,730	30,794		90.00
90.01	09001	GERI PSYCH CLINIC	302,954	0		90.01
90.02	09002	ORTHO AND CARDIO CLINIC	396,424	0		90.02
90.03	09003	GENERAL SURGERY CLINIC	212,674	0		90.03
90.04	09004	GAPC AND #3 CLINIC	0	0		90.04
90.05	09005	ENT AND UROLOGY CLINIC	82,701	0		90.05
91.00	09100	EMERGENCY	1,106,145	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	489,137	0		92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	34,527	0		93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	10,686,043	31,474		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	10,686,043	31,474		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-1317 Component CCN: 14-5979		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/24/2022 9:28 am	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	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
90.05	09005	ENT AND UROLOGY CLINIC		0	0	0	0	0	90.05
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									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0	94.00
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 Component CCN: 14-5979		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/24/2022 9:28 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	32,384,952	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	4,551,890	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	3,731,587	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	2,866,276	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	41,203,838	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	1,849,888	0.000000	56.00
60.00	06000	LABORATORY		0	0	0	37,761,639	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	727,295	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	3,920,357	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	5,122,217	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	7,989,496	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	1,498,793	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	246,963	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	2,018,728	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	6,851,664	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	19,730,043	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	24,048,723	0.000000	73.00
73.01	07301	CARDIAC REHAB		0	0	0	445,268	0.000000	73.01
73.02	07302	WOUND CARE		0	0	0	1,252,746	0.000000	73.02
73.03	07303	SLEEP LAB		0	0	0	1,267,850	0.000000	73.03
73.04	03950	DIETARY EDUCATION		0	0	0	85,767	0.000000	73.04
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	21,802,501	0.000000	88.00
90.00	09000	CLINIC		0	0	0	1,366,563	0.000000	90.00
90.01	09001	GERI PSYCH CLINIC		0	0	0	445,942	0.000000	90.01
90.02	09002	ORTHO AND CARDIO CLINIC		0	0	0	1,088,224	0.000000	90.02
90.03	09003	GENERAL SURGERY CLINIC		0	0	0	459,637	0.000000	90.03
90.04	09004	GAPC AND #3 CLINIC		0	0	0	0	0.000000	90.04
90.05	09005	ENT AND UROLOGY CLINIC		0	0	0	65,189	0.000000	90.05
91.00	09100	EMERGENCY		0	0	0	17,088,775	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	1,762,521	0.000000	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER		0	0	0	187,423	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	243,822,755		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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

Period:
From 10/01/2020
To 09/30/2021

Worksheet D
Part IV
Date/Time Prepared:
2/24/2022 9:28 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	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
60.00	06000	LABORATORY	0.000000	3,679	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	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	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	22,688	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	28,057	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	528	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	3,263	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	0	0	0	0	73.04
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
90.00	09000	CLINIC	0.000000	0	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
90.05	09005	ENT AND UROLOGY CLINIC	0.000000	0	0	0	0	90.05
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	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							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		58,215	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 10/01/2020
To 09/30/2021Part V
Date/Time Prepared:
2/24/2022 9:28 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	0.203055	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.207488	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.159920	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.076088	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130355	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.180960	0	0	0	56.00
60.00	06000	LABORATORY	0.130237	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.185317	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.120139	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.188606	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.316609	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351966	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.460008	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.045033	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.324114	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.344263	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.170022	0	0	2,162	73.00
73.01	07301	CARDIAC REHAB	0.180038	0	0	0	73.01
73.02	07302	WOUND CARE	0.543395	0	0	0	73.02
73.03	07303	SLEEP LAB	0.194152	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0.970735	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC					88.00
90.00	09000	CLINIC	0.409858	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0.925674	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	1.805869	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	1.763157	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0.000000	0	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	5.866971	0	0	0	90.05
91.00	09100	EMERGENCY	0.254370	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.830835	0	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.359844	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	09500	AMBULANCE SERVICES	0.633207		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 10/01/2020
To 09/30/2021Part V
Date/Time Prepared:
2/24/2022 9:28 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	368	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
90.05	09005	ENT AND UROLOGY CLINIC	0	0	90.05
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					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		95.00
200.00		Subtotal (see instructions)	0	368	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	368	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-1317 Component CCN: 14-5979		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/24/2022 9:28 am	
				Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
73.01	07301	CARDIAC REHAB	0	0	0	0	0	0	73.01
73.02	07302	WOUND CARE	0	0	0	0	0	0	73.02
73.03	07303	SLEEP LAB	0	0	0	0	0	0	73.03
73.04	03950	DIETARY EDUCATION	0	0	0	0	0	0	73.04
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	GERI PSYCH CLINIC	0	0	0	0	0	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	0	0	0	0	0	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	0	0	0	0	0	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0	0	0	0	0	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	0	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-1317 Component CCN: 14-5979		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/24/2022 9:28 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	32,384,952	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	4,551,890	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	3,731,587	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	2,866,276	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	41,203,838	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	1,849,888	0.000000	56.00
60.00	06000	LABORATORY		0	0	0	37,761,639	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	727,295	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	3,920,357	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	5,122,217	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	7,989,496	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	1,498,793	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	246,963	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	2,018,728	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	6,851,664	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	19,730,043	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	24,048,723	0.000000	73.00
73.01	07301	CARDIAC REHAB		0	0	0	445,268	0.000000	73.01
73.02	07302	WOUND CARE		0	0	0	1,252,746	0.000000	73.02
73.03	07303	SLEEP LAB		0	0	0	1,267,850	0.000000	73.03
73.04	03950	DIETARY EDUCATION		0	0	0	85,767	0.000000	73.04
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	21,802,501	0.000000	88.00
90.00	09000	CLINIC		0	0	0	1,366,563	0.000000	90.00
90.01	09001	GERI PSYCH CLINIC		0	0	0	445,942	0.000000	90.01
90.02	09002	ORTHO AND CARDIO CLINIC		0	0	0	1,088,224	0.000000	90.02
90.03	09003	GENERAL SURGERY CLINIC		0	0	0	459,637	0.000000	90.03
90.04	09004	GAPC AND #3 CLINIC		0	0	0	0	0.000000	90.04
90.05	09005	ENT AND UROLOGY CLINIC		0	0	0	65,189	0.000000	90.05
91.00	09100	EMERGENCY		0	0	0	17,088,775	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	1,762,521	0.000000	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER		0	0	0	187,423	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	243,822,755		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-1317 Component CCN: 14-5979		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/24/2022 9:28 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	50.00	
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00	
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00	
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	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	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	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	0	0	0	0	73.04	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
90.00	09000	CLINIC	0.000000	0	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	
90.05	09005	ENT AND UROLOGY CLINIC	0.000000	0	0	0	0	90.05	
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	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								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)		0	0	0	0	200.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1317	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/24/2022 9:28 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)		4,495	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,635	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)		2,750	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)		539	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)		48	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,355	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)		268	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)		425	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		169.71	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		169.71	20.00
21.00	Total general inpatient routine service cost (see instructions)		7,366,373	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)		8,146	25.00
26.00	Total swing-bed cost (see instructions)		1,351,722	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		6,014,651	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)		6,014,651	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)		1,654.65	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,242,051	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)		2,242,051	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021

Worksheet D-1

Date/Time Prepared:
2/24/2022 9:28 am

Cost Center Description		Title XVIII		Hospital		Cost
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	147,011	26	5,654.27	16	90,468
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)					4,575,460
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,907,979
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)					443,446
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					703,226
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					1,146,672
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)					885
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,654.65
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,464,365

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021

Worksheet D-1

Date/Time Prepared:
2/24/2022 9:28 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	479,086	7,366,373	0.065037	1,464,365	95,238
91.00	Nursing Program cost	0	7,366,373	0.000000	1,464,365	0
92.00	Allied health cost	0	7,366,373	0.000000	1,464,365	0
93.00	All other Medical Education	0	7,366,373	0.000000	1,464,365	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/24/2022 9:28 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)		634	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		634	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)		634	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)		74	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)		238,360	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)		238,360	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)		238,360	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 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/24/2022 9:28 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)				238,360	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				375.96	71.00
72.00 Program routine service cost (line 9 x line 71)				27,821	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)				27,821	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)				27,821	83.00
84.00 Program inpatient ancillary services (see instructions)				18,263	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)				46,084	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 10/01/2020
To 09/30/2021Date/Time Prepared:
2/24/2022 9:28 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 Program 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 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/24/2022 9:28 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)		634	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		634	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)		634	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)		361	15.00
16.00	Nursery days (title V or XIX only)		39	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)		238,360	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)		238,360	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)		238,360	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 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/24/2022 9:28 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)				238,360	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				375.96	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)				14,521	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)				22.90	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 10/01/2020
 To 09/30/2021

 Worksheet D-1
 Date/Time Prepared:
 2/24/2022 9:28 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 Program 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 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 2/24/2022 9:28 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		4,114,261	30.00
31.00	03100	INTENSIVE CARE UNIT		54,160	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.203055	3,661,885	50.00
51.00	05100	RECOVERY ROOM	0.207488	330,827	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.159920	0	52.00
53.00	05300	ANESTHESIOLOGY	0.076088	213,955	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130355	1,259,977	54.00
56.00	05600	RADIOISOTOPE	0.180960	35,245	56.00
60.00	06000	LABORATORY	0.130237	1,335,678	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.185317	227,401	63.00
64.00	06400	INTRAVENOUS THERAPY	0.120139	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.188606	1,729,759	65.00
66.00	06600	PHYSICAL THERAPY	0.316609	483,161	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351966	247,972	67.00
68.00	06800	SPEECH PATHOLOGY	0.460008	12,518	68.00
69.00	06900	ELECTROCARDIOLOGY	0.045033	57,310	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.324114	814,622	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.344263	5,622,879	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.170022	3,304,349	73.00
73.01	07301	CARDIAC REHAB	0.180038	0	73.01
73.02	07302	WOUND CARE	0.543395	1,474	73.02
73.03	07303	SLEEP LAB	0.194152	0	73.03
73.04	03950	DIETARY EDUCATION	0.970735	11,556	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
90.00	09000	CLINIC	0.409858	2,116	90.00
90.01	09001	GERI PSYCH CLINIC	0.925674	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	1.805869	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	1.763157	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0.000000	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	5.866971	0	90.05
91.00	09100	EMERGENCY	0.254370	407	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.830835	13,050	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.359844	0	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		19,366,141	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)		19,366,141	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1317 Component CCN: 14-Z317	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 2/24/2022 9:28 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			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.203055	72,605	14,743 50.00
51.00	05100	RECOVERY ROOM	0.207488	9,912	2,057 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.159920	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.076088	6,017	458 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130355	138,284	18,026 54.00
56.00	05600	RADIOISOTOPE	0.180960	9,227	1,670 56.00
60.00	06000	LABORATORY	0.130237	205,116	26,714 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.185317	13,751	2,548 63.00
64.00	06400	INTRAVENOUS THERAPY	0.120139	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.188606	289,869	54,671 65.00
66.00	06600	PHYSICAL THERAPY	0.316609	269,129	85,209 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351966	193,824	68,219 67.00
68.00	06800	SPEECH PATHOLOGY	0.460008	7,628	3,509 68.00
69.00	06900	ELECTROCARDIOLOGY	0.045033	4,983	224 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.324114	56,231	18,225 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.344263	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.170022	634,871	107,942 73.00
73.01	07301	CARDIAC REHAB	0.180038	0	0 73.01
73.02	07302	WOUND CARE	0.543395	5,723	3,110 73.02
73.03	07303	SLEEP LAB	0.194152	0	0 73.03
73.04	03950	DIETARY EDUCATION	0.970735	0	0 73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
90.00	09000	CLINIC	0.409858	0	0 90.00
90.01	09001	GERI PSYCH CLINIC	0.925674	0	0 90.01
90.02	09002	ORTHO AND CARDIO CLINIC	1.805869	0	0 90.02
90.03	09003	GENERAL SURGERY CLINIC	1.763157	0	0 90.03
90.04	09004	GAPC AND #3 CLINIC	0.000000	0	0 90.04
90.05	09005	ENT AND UROLOGY CLINIC	5.866971	0	0 90.05
91.00	09100	EMERGENCY	0.254370	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.830835	0	0 92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.359844	0	0 93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,917,170	407,325 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		1,917,170	202.00

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 10/01/2020 To 09/30/2021	Worksheet D-3
			Component CCN: 14-5979		Date/Time Prepared: 2/24/2022 9:28 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			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.203055	0	50.00
51.00	05100	RECOVERY ROOM	0.207488	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.159920	0	52.00
53.00	05300	ANESTHESIOLOGY	0.076088	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130355	0	54.00
56.00	05600	RADIOISOTOPE	0.180960	0	56.00
60.00	06000	LABORATORY	0.130237	3,679	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.185317	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.120139	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.188606	0	65.00
66.00	06600	PHYSICAL THERAPY	0.316609	22,688	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351966	28,057	67.00
68.00	06800	SPEECH PATHOLOGY	0.460008	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.045033	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.324114	528	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.344263	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.170022	3,263	73.00
73.01	07301	CARDIAC REHAB	0.180038	0	73.01
73.02	07302	WOUND CARE	0.543395	0	73.02
73.03	07303	SLEEP LAB	0.194152	0	73.03
73.04	03950	DIETARY EDUCATION	0.970735	0	73.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
90.00	09000	CLINIC	0.409858	0	90.00
90.01	09001	GERI PSYCH CLINIC	0.925674	0	90.01
90.02	09002	ORTHO AND CARDIO CLINIC	1.805869	0	90.02
90.03	09003	GENERAL SURGERY CLINIC	1.763157	0	90.03
90.04	09004	GAPC AND #3 CLINIC	0.000000	0	90.04
90.05	09005	ENT AND UROLOGY CLINIC	5.866971	0	90.05
91.00	09100	EMERGENCY	0.254370	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.830835	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.359844	0	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		58,215	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)		58,215	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part B Date/Time Prepared: 2/24/2022 9:28 am
		Title XVIII	Hospital	Cost
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		10,717,517	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)		10,717,517	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		10,824,692	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)		86,848	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		8,308,972	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)		2,428,872	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)		2,428,872	30.00
31.00	Primary payer payments		403	31.00
32.00	Subtotal (line 30 minus line 31)		2,428,469	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)		462,395	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		300,557	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		211,286	36.00
37.00	Subtotal (see instructions)		2,729,026	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)		2,729,026	40.00
40.01	Sequestration adjustment (see instructions)		0	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		4,662,194	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)		-1,933,168	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317 Component CCN: 14-5979	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part B Date/Time Prepared: 2/24/2022 9:28 am
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		368	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)		368	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)			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 charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		2,162	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,794	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)		368	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)		368	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)		368	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		368	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)		368	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)		368	40.00
40.01	Sequestration adjustment (see instructions)		0	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)		-13	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 10/01/2020
To 09/30/2021Worksheet E-1
Part I
Date/Time Prepared:
2/24/2022 9:28 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		8,375,077		4,312,145	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0	07/16/2021	288,365	3.01
3.02			0	08/30/2021	61,684	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	07/16/2020	641,606		0	3.50
3.51		08/30/2021	133,390		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)		-774,996		350,049	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)		7,600,081		4,662,194	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		1,051,606		1,933,168	6.02
7.00	Total Medicare program liability (see instructions)		6,548,475		2,729,026	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

Period:

Worksheet E-1

Component CCN: 14-Z317

From 10/01/2020
To 09/30/2021Part I
Date/Time Prepared:
2/24/2022 9:28 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		1,622,376		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	07/16/2021	153,756		0	3.50
3.51		08/30/2021	19,782		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)		-173,538		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,448,838		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		101,220		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,550,058		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 10/01/2020
 To 09/30/2021

 Worksheet E-1
 Part I
 Date/Time Prepared:
 2/24/2022 9:28 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		28,128		381
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
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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		28,128		381
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		0		0
6.02	SETTLEMENT TO PROGRAM		0		13
7.00	Total Medicare program liability (see instructions)		28,128		368
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021Worksheet E-1
Part II
Date/Time Prepared:
2/24/2022 9:28 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 through 12, and 32.			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 through 12, and 32.			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 10/01/2020 To 09/30/2021	Worksheet E-2 Date/Time Prepared: 2/24/2022 9:28 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)		1,158,139	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)		411,398	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		693	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)		1,569,537	0	8.00
9.00	Primary payer payments (see instructions)		0	0	9.00
10.00	Subtotal (line 8 minus line 9)		1,569,537	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)		1,569,537	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		19,479	0	13.00
14.00	80% of Part B costs (line 12 x 80%)			0	14.00
15.00	Subtotal (see instructions)		1,550,058	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)		1,550,058	0	19.00
19.01	Sequestration adjustment (see instructions)		0	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)		0	0	19.02
19.03	Sequestration adjustment-PARHM pass-throughs				19.03
19.25	Sequestration for non-claims based amounts (see instructions)		0	0	19.25
20.00	Interim payments		1,448,838	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, 19.02, 19.25, 20, and 21)		101,220	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
Comparision of PPS versus Cost Reimbursement					
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)				215.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1317	Period: From 10/01/2020 To 09/30/2021	Worksheet E-3 Part V Date/Time Prepared: 2/24/2022 9:28 am
		Title XVIII	Hospital	Cost
				1.00
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT				
1.00	Inpatient services		6,907,979	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)		6,907,979	4.00
5.00	Primary payer payments		0	5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)		6,977,059	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)		6,977,059	19.00
20.00	Deductibles (exclude professional component)		452,288	20.00
21.00	Excess reasonable cost (from line 16)		0	21.00
22.00	Subtotal (line 19 minus line 20 and 21)		6,524,771	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (line 22 minus line 23)		6,524,771	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		36,468	25.00
26.00	Adjusted reimbursable bad debts (see instructions)		23,704	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		17,378	27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)		6,548,475	28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	29.00
29.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	29.50
29.98	Recovery of accelerated depreciation.		0	29.98
29.99	Demonstration payment adjustment amount before sequestration		0	29.99
30.00	Subtotal (see instructions)		6,548,475	30.00
30.01	Sequestration adjustment (see instructions)		0	30.01
30.02	Demonstration payment adjustment amount after sequestration		0	30.02
30.03	Sequestration adjustment-PARHM			30.03
31.00	Interim payments		7,600,081	31.00
31.01	Interim payments-PARHM			31.01
32.00	Tentative settlement (for contractor use only)		0	32.00
32.01	Tentative settlement-PARHM (for contractor use only)			32.01
33.00	Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32)		-1,051,606	33.00
33.01	Balance due provider/program-PARHM (lines 2, 3, 18, and 26, minus lines 30.03, 31.01, and 32.01)			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 10/01/2020 To 09/30/2021	Worksheet E-3 Part VI Date/Time Prepared: 2/24/2022 9:28 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)		37,755	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)		37,755	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		9,628	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)		28,127	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	ROUNDING ADJUSTMENT		1	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.98	Recovery of accelerated depreciation.		0	14.98
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		28,128	15.00
15.01	Sequestration adjustment (see instructions)		0	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		28,128	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 10/01/2020 To 09/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 2/24/2022 9:28 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 10/01/2020 To 09/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 2/24/2022 9:28 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	Coinsurance	0		33.00
34.00	Allowable bad debts (see instructions)	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 10/01/2020
To 09/30/2021

Worksheet G

Date/Time Prepared:
2/24/2022 9:28 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	230,322	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	56,824,719	0	0	0	4.00
5.00	Other receivable	988,083	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-33,597,185	0	0	0	6.00
7.00	Inventory	1,841,287	0	0	0	7.00
8.00	Prepaid expenses	1,463,002	0	0	0	8.00
9.00	Other current assets	10,619,431	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)	38,369,659	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,354,466	0	0	0	12.00
13.00	Land improvements	2,908,816	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	46,944,555	0	0	0	15.00
16.00	Accumulated depreciation	-53,580,142	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	32,383,007	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	3,894,790	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	33,905,492	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,782,482	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	757,922	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,540,404	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	74,815,555	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	9,338,532	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,383,065	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,761,977	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	7,101,575	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	27,585,149	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	10,427,579	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,286,843	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	12,714,422	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	40,299,571	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	34,515,984				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	34,515,984	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	74,815,555	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021

Worksheet G-1

Date/Time Prepared:
2/24/2022 9:28 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		30,452,857		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		4,063,127				2.00
3.00	Total (sum of line 1 and line 2)		34,515,984		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)		34,515,984		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	ROUNDING	0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		34,515,984		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 10/01/2020
To 09/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
2/24/2022 9:28 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	19,529,295		19,529,295	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	1,022,540		1,022,540	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	172,395		172,395	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	2,670,225		2,670,225	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	23,394,455		23,394,455	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	88,010		88,010	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)	88,010		88,010	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	23,482,465		23,482,465	17.00
18.00	Ancillary services	48,354,506	163,140,941	211,495,447	18.00
19.00	Outpatient services	2,188,358	36,331,789	38,520,147	19.00
20.00	RURAL HEALTH CLINIC	0	22,081,263	22,081,263	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	6,349,357	6,349,357	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	6,853	9,190,773	9,197,626	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	74,032,182	237,094,123	311,126,305	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		118,129,879		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)		118,129,879		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-1317

Period:
From 10/01/2020
To 09/30/2021

Worksheet G-3

Date/Time Prepared:
2/24/2022 9:28 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	311,126,305	1.00
2.00	Less contractual allowances and discounts on patients' accounts	198,668,250	2.00
3.00	Net patient revenues (line 1 minus line 2)	112,458,055	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	118,129,879	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-5,671,824	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	435,893	6.00
7.00	Income from investments	272,851	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	1,572,108	24.00
24.01	GRANT INCOME	795,173	24.01
24.02	REALIZED GAIN	726,584	24.02
24.03	RETAIL PHARMACY AND 340B PHARMACY	3,328,961	24.03
24.04	UNREALIZED GAINS	1,041,580	24.04
24.05	OTHER (SPECIFY)	0	24.05
24.50	COVID-19 PHE Funding	1,561,801	24.50
25.00	Total other income (sum of lines 6-24)	9,734,951	25.00
26.00	Total (line 5 plus line 25)	4,063,127	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)	4,063,127	29.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS			Provider CCN: 14-1317 Component CCN: 14-3408		Period: From 10/01/2020 To 09/30/2021		Worksheet M-1 Date/Time Prepared: 2/24/2022 9:28 am	
			RHC I		Cost			
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassificati ons	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	4,182,673	0	4,182,673	473,008	4,655,681	1.00	
2.00	Physician Assistant	293,081	0	293,081	63,881	356,962	2.00	
3.00	Nurse Practitioner	1,922,491	0	1,922,491	432,922	2,355,413	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	253,823	93,600	347,423	271,298	618,721	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	2,246,305	0	2,246,305	0	2,246,305	9.00	
10.00	Subtotal (sum of lines 1 through 9)	8,898,373	93,600	8,991,973	1,241,109	10,233,082	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	1,075,192	1,075,192	0	1,075,192	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	124,365	0	124,365	0	124,365	19.00	
20.00	Allowable GME Costs						20.00	
21.00	Subtotal (sum of lines 15 through 20)	124,365	1,075,192	1,199,557	0	1,199,557	21.00	
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	9,022,738	1,168,792	10,191,530	1,241,109	11,432,639	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	193,681	83,817	277,498	12,791	290,289	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)	193,681	83,817	277,498	12,791	290,289	28.00	
FACILITY OVERHEAD								
29.00	Facility Costs	0	432,873	432,873	96,273	529,146	29.00	
30.00	Administrative Costs	1,461,753	805,715	2,267,468	689,572	2,957,040	30.00	
31.00	Total Facility Overhead (sum of lines 29 and 30)	1,461,753	1,238,588	2,700,341	785,845	3,486,186	31.00	
32.00	Total facility costs (sum of lines 22, 28 and 31)	10,678,172	2,491,197	13,169,369	2,039,745	15,209,114	32.00	

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-1317

Period:

Worksheet M-1

Component CCN: 14-3408

From 10/01/2020
To 09/30/2021Date/Time Prepared:
2/24/2022 9:28 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	-202,769	4,452,912	1.00
2.00	Physician Assistant	0	356,962	2.00
3.00	Nurse Practitioner	0	2,355,413	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	0	5.00
6.00	Clinical Psychologist	0	618,721	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	2,246,305	9.00
10.00	Subtotal (sum of lines 1 through 9)	-202,769	10,030,313	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	1,075,192	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	124,365	19.00
20.00	Allowable GME Costs			20.00
21.00	Subtotal (sum of lines 15 through 20)	0	1,199,557	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-202,769	11,229,870	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	290,289	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			27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	290,289	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	-42,842	486,304	29.00
30.00	Administrative Costs	0	2,957,040	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-42,842	3,443,344	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-245,611	14,963,503	32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 14-1317

Period:

Worksheet M-2

Component CCN: 14-3408

From 10/01/2020
To 09/30/2021

Date/Time Prepared:

2/24/2022 9:28 am

		RHC I		Cost		
	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	5.65	25,341	4,200	23,730	1.00
2.00	Physician Assistant	1.47	5,623	2,100	3,087	2.00
3.00	Nurse Practitioner	9.49	26,657	2,100	19,929	3.00
4.00	Subtotal (sum of lines 1 through 3)	16.61	57,621		46,746	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	2.21	3,792		3,792	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)	18.82	61,413		61,413	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)				11,229,870	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				290,289	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				11,520,159	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				0.974802	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)				3,443,344	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				5,231,058	15.00
16.00	Total overhead (sum of lines 14 and 15)				8,674,402	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Enter the amount from line 16				8,674,402	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				8,455,824	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				19,685,694	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-1317 Component CCN: 14-3408	Period: From 10/01/2020 To 09/30/2021	Worksheet M-3 Date/Time Prepared: 2/24/2022 9:28 am	
		Title XVIII	RHC I	Cost	
			1.00		
1.00	DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES				
2.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			19,685,694	1.00
3.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)			524,183	2.00
4.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)			19,161,511	3.00
5.00	Total Visits (from Wkst. M-2, column 5, line 8)			61,413	4.00
6.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0	5.00
7.00	Total adjusted visits (line 4 plus line 5)			61,413	6.00
	Adjusted cost per visit (line 3 divided by line 6)			312.01	7.00
		Calculation of Limit (1)			
		Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)	On or After Apr. 1 (Rate Period 3)	
		1.00	2.00	3.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	0.00	0.00	336.40	8.00
9.00	Rate for Program covered visits (see instructions)	312.01	312.01	312.01	9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)	3,457	2,802	5,954	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	1,078,619	874,252	1,857,708	11.00
12.00	Program covered visits for mental health services (from contractor records)	85	36	375	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	26,521	11,232	117,004	13.00
14.00	Limit adjustment for mental health services (see instructions)	26,521	11,232	117,004	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	3,965,336		16.00
16.01	Total program charges (see instructions)(from contractor's records)		3,093,397		16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		222,857		16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		285,675		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.)		2,768,636		16.04
16.05	Total program cost (see instructions)	0	3,054,311		16.05
17.00	Primary payer amounts		0		17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		218,866		18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		530,321		19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		3,054,311		20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		108,427		21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		3,162,738		22.00
23.00	Allowable bad debts (see instructions)		20,599		23.00
23.01	Adjusted reimbursable bad debts (see instructions)		13,389		23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		9,302		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)		3,176,127		26.00
26.01	Sequestration adjustment (see instructions)		0		26.01
26.02	Demonstration payment adjustment amount after sequestration		0		26.02
27.00	Interim payments		3,198,802		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)		-22,675		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 VACCINE COST

Provider CCN: 14-1317

Period:

Worksheet M-4

Component CCN: 14-3408

From 10/01/2020
To 09/30/2021Date/Time Prepared:
2/24/2022 9:28 am

		Title XVIII		RHC I	Cost	
		PNEUMOCOCCAL VACCINES	INFLUENZA VACCINES	COVID-19 VACCINES	MONOCLONAL ANTIBODY PRODUCTS	
		1.00	2.00	2.01	2.02	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	10,030,313	10,030,313	10,030,313	10,030,313	1.00
2.00	Ratio of injection/infusion staff time to total health care staff time	0.000399	0.001249	0.000157	0.000000	2.00
3.00	Injection/infusion health care staff cost (line 1 x line 2)	4,002	12,528	1,575	0	3.00
4.00	Injections/infusions and related medical supplies costs (from your records)	233,221	47,703	0	0	4.00
5.00	Direct cost of injections/infusions (line 3 plus line 4)	237,223	60,231	1,575	0	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	11,229,870	11,229,870	11,229,870	11,229,870	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	8,455,824	8,455,824	8,455,824	8,455,824	7.00
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.021124	0.005363	0.000140	0.000000	8.00
9.00	Overhead cost - injection/infusion (line 7 x line 8)	178,621	45,349	1,184	0	9.00
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	415,844	105,580	2,759	0	10.00
11.00	Total number of injections/infusions (from your records)	925	2,862	368	0	11.00
12.00	Cost per injection/infusion (line 10/line 11)	449.56	36.89	7.50	0.00	12.00
13.00	Number of injection/infusion administered to Program beneficiaries	183	693	63	0	13.00
13.01	Number of COVID-19 vaccine injections/infusions administered to MA enrollees			16	0	13.01
14.00	Program cost of injections/infusions and their administration costs (line 12 times the sum of lines 13 and 13.01, as applicable)	82,269	25,565	593	0	14.00
15.00	Total cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 10) (transfer this amount to Wkst. M-3, line 2)		524,183			15.00
16.00	Total Program cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 14) (transfer this amount to Wkst. M-3, line 21)		108,427			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 10/01/2020 To 09/30/2021	Worksheet M-5 Date/Time Prepared: 2/24/2022 9:28 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		3,293,550	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50		07/16/2021	77,257	3.50
3.51		08/30/2021	17,491	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)		-94,748	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		3,198,802	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)		0	6.00
6.01	SETTLEMENT TO PROVIDER		0	6.01
6.02	SETTLEMENT TO PROGRAM		22,675	6.02
7.00	Total Medicare program liability (see instructions)		3,176,127	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00
8.00	Name of Contractor			8.00