

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet S Parts I-III Date/Time Prepared: 11/22/2014 10:54 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 11/22/2014 Time: 10:54 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MCDONOUGH DISTRICT HOSPITAL (140089) for the cost reporting period beginning 07/01/2013 and ending 06/30/2014 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.

(Signed) _____
 Officer or Administrator of Provider(s)

 CEO/PRESIDENT
 Title _____
 Date _____

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	39,530	15,971	78,973	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	569	0	0	0	7.00
9.00 HOME HEALTH AGENCY I	0	0	1	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	10,804	0	0	10.00
200.00 Total	0	40,099	26,776	78,973	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: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/22/2014 10:51 am
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1.00 Hospital and Hospital Health Care Complex Address:	2.00 Street: 525 E. GRANT	3.00 PO Box:	4.00 State: IL	5.00 Zip Code: 61455-	6.00 County: MCDONOUGH
2.00	City: MACOMB				

	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	MCDONOUGH DISTRICT HOSPITAL	140089	99914	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	MDH SKILLED NURSING UNIT	145687	99914		10/04/1990	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	MDH HOME HEALTH	147293	99914		12/14/1984	N	P	O	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	MDH HOSPICE	141524	99914		01/12/1989				14.00
15.00	Hospital-Based Health Clinic - RHC	BUSHNELL FAMILY PRACTICE	148522	99914		01/31/2013	N	O	O	15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2013	06/30/2014
21.00	Type of Control (see instructions)	11	

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 §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	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	Y			22.01
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.					3	N			23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
1.00	2.00	3.00	4.00	5.00	6.00	
24.00	918	33	0	0	0	0
25.00	0	0	0	0	0	0

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		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	2			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	1			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.	07/01/2013	06/30/2014		36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for 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)(ii)? 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)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	Y	Y		39.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			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)		0.00	0.00		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)		0.00	0.00		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)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		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)		0.00	0.00		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)		0.00	0.00		61.06

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		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 and enter in column 4 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 and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>						
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
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00
			Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
<u>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.</u>						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider 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
		Program Name	Program Code	Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	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

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		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 non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 67.00	
				1.00	2.00	3.00	
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 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. 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, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (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 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, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0		76.00
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00	
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	
				V	XIX		
				1.00	2.00		
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR 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

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		V	XIX				
		1.00	2.00				
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. Rural Providers	0.00	0.00				97.00
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N					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)	N					106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? 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	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
		1.00	2.00	3.00			
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If 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 hospital providers) based on the definition in CMS 15-1, §2208.1.	N				0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N					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:	179,010	0	677,864			118.01
		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. DO NOT USE THIS LINE	N					118.02
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. Transplant Center Information	Y					121.00
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00

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		1.00	2.00				
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		
		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			144.00		
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N			145.00		
				1.00	2.00		
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, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00		
		Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
161.10	CORF		N	N	N		
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N			165.00		
		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						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 Section §1886(n)? Enter "Y" for yes or "N" for no.	Y			167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0		
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)	1.00			169.00		
		Beginning 1.00		Ending 2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2013		09/30/2013			
				170.00			

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 11/22/2014 10:51 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
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		N		5.00
			Y/N	Type	Date
			1.00	2.00	3.00
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		Y		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		N		9.00
10.00	Was an Intern-Resident program been 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	Legal Oper.	
			1.00	2.00	
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
			1.00	2.00	3.00
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	10/28/2014	Y
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
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

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	1.00 N	2.00	3.00 N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			Y	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			Y	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				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.	BRENDA		NEAL	41.00
42.00	Enter the employer/company name of the cost report preparer.	MCDONOUGH COUNTY HOSPITAL DISTRICT			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	309/836-1521		BKNEAL@MDH.ORG	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	10/28/2014	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		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.	ACCOUNTING/PAYROLL DEPT LEADER	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: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2014 10:51 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	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	71	25,915	0.00	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)		71	25,915	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	7	2,555	0.00	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)		78	28,470	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	16	5,840		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		94				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2014 10:51 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	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)	2,577	584	4,250			1.00
2.00 HMO and other (see instructions)	184	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	2,577	584	4,250			7.00
8.00 INTENSIVE CARE UNIT	388	52	739			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		308	646			13.00
14.00 Total (see instructions)	2,965	944	5,635	0.00	510.42	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	1,591	0	1,983	0.00	15.10	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	4,116	531	6,974	0.00	16.16	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	8.18	24.00
24.10 HOSPICE (non-distinct part)	17	0	17			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	1,352	0	4,455	0.00	5.24	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	555.10	27.00
28.00 Observation Bed Days		129	750			28.00
29.00 Ambulance Trips	1,020					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	7	16			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			50			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2014 10:51 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
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	795	220	1,734	1.00
2.00 HMO and other (see instructions)				44	0		2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							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	795	220		1,734	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							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							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part II
Date/Time Prepared:
11/22/2014 10:51 am

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	34,617,256	0	34,617,256	1,151,877.00	30.05
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		873,337	0	873,337	7,321.00	119.29
4.00	Physician-Part A - Administrative		367,700	0	367,700	2,155.00	170.63
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		1,675,945	0	1,675,945	14,822.00	113.07
6.00	Non-physician-Part B		99,268	0	99,268	7,821.00	12.69
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	753,689	0	753,689	30,034.00	25.09
10.00	Excluded area salaries (see instructions)		9,409,185	-350,635	9,058,550	234,309.00	38.66
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		331,164	0	331,164	3,821.00	86.67
12.00	Contract labor: Top level management and other management and administrative services		5,327	0	5,327	81.00	65.77
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		7,666,916	0	7,666,916		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,492,365	0	2,492,365		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		115,685	0	115,685		
22.00	Physician Part A - Administrative		50,098	0	50,098		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		197,173	0	197,173		
24.00	Wage-related costs (RHC/FQHC)		98,741	0	98,741		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	310,441	0	310,441	9,386.00	33.07
27.00	Administrative & General	5.00	3,898,823	0	3,898,823	150,359.00	25.93
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	629,410	0	629,410	24,365.00	25.83
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00
31.00	Laundry & Linen Service	8.00	209,391	0	209,391	14,934.00	14.02
32.00	Housekeeping	9.00	597,608	0	597,608	45,469.00	13.14
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	258,567	93,003	351,570	20,771.00	16.93
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	367,199	-93,003	274,196	22,007.00	12.46
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	494,237	0	494,237	13,578.00	36.40
39.00	Central Services and Supply	14.00	239,510	2,146	241,656	16,131.00	14.98
40.00	Pharmacy	15.00	570,794	0	570,794	14,329.00	39.83

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140089		Period: From 07/01/2013 To 06/30/2014		Worksheet S-3 Part II Date/Time Prepared: 11/22/2014 10:51 am	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 741,921	0	741,921	35,173.00	21.09	41.00
42.00	Social Service	17.00 424,160	0	424,160	15,288.00	27.74	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part III
Date/Time Prepared:
11/22/2014 10:51 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	31,968,706	0	31,968,706	1,121,913.00	28.49	1.00
2.00	Excluded area salaries (see instructions)	10,162,874	-350,635	9,812,239	264,343.00	37.12	2.00
3.00	Subtotal salaries (line 1 minus line 2)	21,805,832	350,635	22,156,467	857,570.00	25.84	3.00
4.00	Subtotal other wages & related costs (see inst.)	336,491	0	336,491	3,902.00	86.24	4.00
5.00	Subtotal wage-related costs (see inst.)	7,717,014	0	7,717,014	0.00	34.83	5.00
6.00	Total (sum of lines 3 thru 5)	29,859,337	350,635	30,209,972	861,472.00	35.07	6.00
7.00	Total overhead cost (see instructions)	8,742,061	2,146	8,744,207	381,790.00	22.90	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 11/22/2014 10:51 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		516,704	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		4,896,489	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		159,844	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		116,266	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		54,184	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		196,139	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		1,636,493	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		41,651	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		49,145	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		7,666,915	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part V
Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	331,164	0	1.00
2.00	Hospital	331,164	0	2.00
3.00	Subprovider - IPF		0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140089 Component CCN: 147293		Period: From 07/01/2013 To 06/30/2014		Worksheet S-4 Date/Time Prepared: 11/22/2014 10:51 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County			MCDONOUGH		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	263.00	24.00	154.00	441.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.61	0.00	0.61	4.00
5.00	Other Administrative Personnel			3.39	0.00	3.39	5.00
6.00	Direct Nursing Service			8.10	0.00	8.10	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			2.07	0.00	2.07	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.82	0.00	0.82	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.33	0.00	0.33	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.12	0.00	0.12	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.58	0.00	0.58	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99914			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	2,069	217	67	29	2,382	21.00
22.00	Skilled Nursing Visit Charges	327,161	35,870	7,990	4,080	375,101	22.00
23.00	Physical Therapy Visits	971	10	43	33	1,057	23.00
24.00	Physical Therapy Visit Charges	155,255	1,700	5,590	4,930	167,475	24.00
25.00	Occupational Therapy Visits	363	1	4	8	376	25.00
26.00	Occupational Therapy Visit Charges	60,870	170	680	1,360	63,080	26.00
27.00	Speech Pathology Visits	133	0	0	0	133	27.00
28.00	Speech Pathology Visit Charges	22,100	0	0	0	22,100	28.00
29.00	Medical Social Service Visits	24	0	1	1	26	29.00
30.00	Medical Social Service Visit Charges	4,055	0	170	170	4,395	30.00
31.00	Home Health Aide Visits	134	0	5	0	139	31.00
32.00	Home Health Aide Visit Charges	14,996	0	449	0	15,445	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,694	228	120	71	4,113	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	584,437	37,740	14,879	10,540	647,596	35.00
36.00	Total Number of Episodes (standard/non outlier)	225		33	9	267	36.00
37.00	Total Number of Outlier Episodes		6		0	6	37.00
38.00	Total Non-Routine Medical Supply Charges	12,404	1,667	121	114	14,306	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-7

Date/Time Prepared:
11/22/2014 10:51 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	15	0	15	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	14	0	14	8.00
9.00	RMX	14	0	14	9.00
10.00	RML	27	0	27	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	0	0	0	12.00
13.00	RUB	13	0	13	13.00
14.00	RUA	0	0	0	14.00
15.00	RVC	128	0	128	15.00
16.00	RVB	145	0	145	16.00
17.00	RVA	6	0	6	17.00
18.00	RHC	83	0	83	18.00
19.00	RHB	78	0	78	19.00
20.00	RHA	113	0	113	20.00
21.00	RMC	68	0	68	21.00
22.00	RMB	134	0	134	22.00
23.00	RMA	166	0	166	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	64	0	64	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	13	0	13	32.00
33.00	HC2	7	0	7	33.00
34.00	HC1	26	0	26	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	36	0	36	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	6	0	6	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	18	0	18	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	24	0	24	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	27	0	27	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	5	0	5	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	40	0	40	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	94	0	94	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	90	0	90	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	100	0	100	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	10	0	10	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	1	0	1	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-7

Date/Time Prepared:
11/22/2014 10:51 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	6	0	6	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	6	0	6	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	14	0	14	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		1,591	0	1,591	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			14999	14999	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	SUPPLIES & PURCHASED SERVICE		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		1,791,669			207.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 140089 Component CCN: 148522	Period: From 07/01/2013 To 06/30/2014	Worksheet S-8 Date/Time Prepared: 11/22/2014 10:51 am Cost
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				1.00					
1.00	Clinic Address and Identification		Street			115 W. HAIL ST	1.00		
		City	State	Zip Code					
		1.00	2.00	3.00					
2.00	City, State, Zip Code, County		BUSHNELL		IL61422	2.00			
				1.00					
3.00	FOHCs 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)				0	4.00			
5.00	Migrant Health Center (Section 329(d), PHS Act)				0	5.00			
6.00	Health Services for the Homeless (Section 340(d), PHS Act)				0	6.00			
7.00	Appalachian Regional Commission				0	7.00			
8.00	Look-Alikes				0	8.00			
9.00	OTHER (SPECIFY)				0	9.00			
				1.00	2.00				
10.00	Does this facility operate as other than an RHC or FOHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)				N	0	10.00		
		Sunday		Monday		Tuesday			
		from	to	from	to	from			
		1.00	2.00	3.00	4.00	5.00			
11.00	Facility hours of operations (1)		Clinic		08:30	17:00	08:30	11.00	
				1.00	2.00				
12.00	Have you received an approval for an exception to the productivity standard?				N		12.00		
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.				N	0	13.00		
			Provider name		CCN number				
			1.00		2.00				
14.00	Provider name, CCN number		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)		N	0	0	0	0	15.00	
			County						
			4.00						
2.00	City, State, Zip Code, County		MCDONOUGH				2.00		
		Tuesday		Wednesday		Thursday			
		to	from	to	from	to			
		6.00	7.00	8.00	9.00	10.00			
11.00	Facility hours of operations (1)		Clinic	17:00	08:30	12:00	08:30	17:00	11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 140089 Component CCN: 148522	Period: From 07/01/2013 To 06/30/2014	Worksheet S-8 Date/Time Prepared: 11/22/2014 10:51 am Cost
		Rural Health Clinic (RHC) I	

	Friday		Saturday								
	from	to	from	to							
	11.00	11.00	12.00	13.00			14.00				
11.00	Facility hours of operations (1) Clinic					08:30	17:00				11.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 140089
Component CCN: 141524

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-9
Parts I & II
Date/Time Prepared:
11/22/2014 10:51 am

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of col.s. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	7,457	49	0	0	441	7,947	2.00
3.00	Inpatient Respite Care	10	0	0	0	0	10	3.00
4.00	General Inpatient Care	7	0	0	0	0	7	4.00
5.00	Total Hospice Days	7,474	49	0	0	441	7,964	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	136	4	0	0	28	168	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	54.96	12.25	0.00	0.00	15.75	47.40	8.00
9.00	Unduplicated Census Count	118	3	0	0	7	128	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet S-10 Date/Time Prepared: 11/22/2014 10:51 am
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				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)		0.376714		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		5,042,722		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		15,595,049		6.00
7.00	Medicaid cost (line 1 times line 6)		5,874,873		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)		832,151		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		82,521		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		90,715		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		832,151		19.00
				1.00	
				1.00	
				2.00	
				3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	2,664,613	1,832,351	4,496,964	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,003,797	690,272	1,694,069	21.00
22.00	Partial payment by patients approved for charity care	20,681	46,339	67,020	22.00
23.00	Cost of charity care (line 21 minus line 22)	983,116	643,933	1,627,049	23.00
				1.00	
24.00	Does the amount in 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," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		3,658,923		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		171,827		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		3,487,096		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,313,638		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		2,940,687		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		3,772,838		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet A

Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (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 NEW CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.00
1.01 00101 CAP REL COSTS-HOSPITAL		3,513,140	3,513,140	239,060	3,752,200	1.01
1.02 00102 CAP REL COSTS-HSB I		245,128	245,128	11,859	256,987	1.02
1.03 00103 CAP REL COSTS-HSB II		216,169	216,169	34,190	250,359	1.03
1.04 00104 CAP REL COSTS-REHAB CNT		0	0	46,225	46,225	1.04
1.05 00105 CAP REL COSTS-DIAGNOSIS		42	42	0	42	1.05
1.06 00106 CAP REL COSTS-HOSPITALITY HOUSE		12,913	12,913	423	13,336	1.06
1.07 00107 CAP REL COSTS-MAB		73,500	73,500	0	73,500	1.07
1.08 00108 CAP REL COSTS-ORTHO BLDG		60,564	60,564	6,269	66,833	1.08
1.09 00109 CAP REL COSTS-CONVENIENCE CARE CLINIC		0	0	25,312	25,312	1.09
1.10 00110 CAP REL COSTS-BUSHNELL OFFICE BLDG		0	0	889	889	1.10
3.00 00300 OTHER CAPITAL RELATED COSTS		807,245	807,245	-717,261	89,984	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	310,441	11,015,093	11,325,534	9,864	11,335,398	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	3,898,823	4,310,613	8,209,436	-83,133	8,126,303	5.00
6.00 00600 MAINTENANCE & REPAIRS	593,470	1,092,437	1,685,907	0	1,685,907	6.00
6.01 00601 MAINTENANCE & REPAIRS-HSB I	19,952	134,705	154,657	0	154,657	6.01
6.02 00602 MAINTENANCE & REPAIRS-HSB II	12,000	96,262	108,262	0	108,262	6.02
6.03 00603 MAINTENANCE & REPAIRS-REHAB CLINIC	0	7,995	7,995	0	7,995	6.03
6.04 00604 MAINTENANCE & REPAIRS-MAB	2,596	15,826	18,422	0	18,422	6.04
6.05 00605 MAINTENANCE & REPAIRS-ORTHO BLDG	1,392	9,433	10,825	0	10,825	6.05
8.00 00800 LAUNDRY & LINEN SERVICE	209,391	105,920	315,311	0	315,311	8.00
9.00 00900 HOUSEKEEPING	460,475	96,704	557,179	0	557,179	9.00
9.01 00901 HOUSEKEEPING-HSB	97,680	12,514	110,194	0	110,194	9.01
9.02 00902 HOUSEKEEPING-HSB II	31,031	5,857	36,888	0	36,888	9.02
9.03 00903 HOUSEKEEPING-ORTHO	4,406	516	4,922	0	4,922	9.03
9.04 00904 HOUSEKEEPING-MAB	4,016	0	4,016	0	4,016	9.04
10.00 01000 DIETARY	258,567	5,090	263,657	280,569	544,226	10.00
11.00 01100 CAFETERIA	367,199	740,561	1,107,760	-280,569	827,191	11.00
13.00 01300 NURSING ADMINISTRATION	494,237	27,212	521,449	0	521,449	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	239,510	180,635	420,145	2,146	422,291	14.00
15.00 01500 PHARMACY	570,794	1,629,875	2,200,669	-3,412	2,197,257	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	741,921	147,407	889,328	-12,688	876,640	16.00
17.00 01700 SOCIAL SERVICE	424,160	28,854	453,014	0	453,014	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	982,625	982,625	19.00
23.00 02300 PARAMEDICAL PRGM	82,936	13,002	95,938	0	95,938	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	3,464,674	618,651	4,083,325	-637,121	3,446,204	30.00
31.00 03100 INTENSIVE CARE UNIT	698,015	44,715	742,730	0	742,730	31.00
41.00 04100 SUBPROVIDER - IIRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	320,886	320,886	43.00
44.00 04400 SKILLED NURSING FACILITY	753,689	122,676	876,365	0	876,365	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,134,705	860,497	1,995,202	31,785	2,026,987	50.00
51.00 05100 RECOVERY ROOM	503,054	197,347	700,401	0	700,401	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	5,618	5,618	314,089	319,707	52.00
53.00 05300 ANESTHESIOLOGY	1,303,228	241,086	1,544,314	-982,625	561,689	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,228,218	662,847	1,891,065	-636,873	1,254,192	54.00
57.00 05700 CT SCAN	0	0	0	636,873	636,873	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	524,507	524,507	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	2,476,500	1,627,701	4,104,201	51,441	4,155,642	60.00
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0	299,959	299,959	-51,441	248,518	63.00
65.00 06500 RESPIRATORY THERAPY	704,847	81,141	785,988	-426,554	359,434	65.00
66.00 06600 PHYSICAL THERAPY	1,624,119	56,829	1,680,948	0	1,680,948	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	156,942	7,943	164,885	0	164,885	68.00
69.00 06900 ELECTROCARDIOLOGY	0	36,222	36,222	218,822	255,044	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	297	297	184,059	184,356	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	567,338	567,338	23,673	591,011	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	851,554	851,554	0	851,554	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	9,750	9,750	73.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	539,614	11,920	551,534	0	551,534	76.00
76.01 03950 DIABETES/WOUND CARE/COUMADIN CNTR	510,580	34,962	545,542	0	545,542	76.01
76.02 03951 FLU CLINIC	0	0	0	1,691	1,691	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	422,937	422,937	88.00
91.00 09100 EMERGENCY	1,367,825	2,037,109	3,404,934	0	3,404,934	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	771,196	111,958	883,154	0	883,154	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet A

Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	1,125,928	137,912	1,263,840	-11,441	1,252,399	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE		41,904	41,904	0	41,904	113.00
116.00	11600 HOSPICE	493,940	682,670	1,176,610	7,886	1,184,496	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	27,682,071	33,946,068	61,628,139	544,712	62,172,851	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 DAY HEALTH	132,635	27,204	159,839	0	159,839	194.00
194.01	07962 OUTREACH	161,754	36,122	197,876	0	197,876	194.01
194.02	07951 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952 FUND DEVELOPMENT	123,963	155,970	279,933	-125,187	154,746	194.03
194.04	07953 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954 PHYSICIAN SUPPORT	93,955	433,221	527,176	0	527,176	194.05
194.06	07955 HOSPITALITY HOUSE	16,413	4,802	21,215	0	21,215	194.06
194.07	07956 HSK DIALYSIS	9,994	307	10,301	0	10,301	194.07
194.08	07957 LEASED SALARIES	27,929	0	27,929	0	27,929	194.08
194.09	07958 VISITING PHYSICIANS	0	290	290	0	290	194.09
194.10	07959 FARM LAND	0	0	0	0	0	194.10
194.11	07963 CONVENIENCE CARE CLINIC	229,415	103,017	332,432	0	332,432	194.11
194.12	07960 MMG-PHYSICIAN OFFICES	6,121,161	826,006	6,947,167	-419,525	6,527,642	194.12
194.13	07961 VALET PARKING SERVICE	17,966	320	18,286	0	18,286	194.13
200.00	TOTAL (SUM OF LINES 118-199)	34,617,256	35,533,327	70,150,583	0	70,150,583	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet A
Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	00101	CAP REL COSTS-HOSPITAL	74,798	3,826,998	1.01
1.02	00102	CAP REL COSTS-HSB I	0	256,987	1.02
1.03	00103	CAP REL COSTS-HSB II	0	250,359	1.03
1.04	00104	CAP REL COSTS-REHAB CNT	0	46,225	1.04
1.05	00105	CAP REL COSTS-DIAYSIS	-42	0	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	13,336	1.06
1.07	00107	CAP REL COSTS-MAB	0	73,500	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	66,833	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI	0	25,312	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	889	1.10
3.00	00300	OTHER CAPITAL RELATED COSTS	-89,984	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,686,209	7,649,189	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-764,085	7,362,218	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,685,907	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	154,657	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	108,262	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	7,995	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	18,422	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	10,825	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	315,311	8.00
9.00	00900	HOUSEKEEPING	0	557,179	9.00
9.01	00901	HOUSEKEEPING-HSB	0	110,194	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	36,888	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	4,922	9.03
9.04	00904	HOUSEKEEPING-MAB	0	4,016	9.04
10.00	01000	DIETARY	-40,141	504,085	10.00
11.00	01100	CAFETERIA	-410,409	416,782	11.00
13.00	01300	NURSING ADMINISTRATION	-292	521,157	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	422,291	14.00
15.00	01500	PHARMACY	0	2,197,257	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-14,243	862,397	16.00
17.00	01700	SOCIAL SERVICE	0	453,014	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-982,625	0	19.00
23.00	02300	PARAMED PRGM	-2,000	93,938	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-609,612	2,836,592	30.00
31.00	03100	INTENSIVE CARE UNIT	0	742,730	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	320,886	43.00
44.00	04400	SKILLED NURSING FACILITY	0	876,365	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,026,987	50.00
51.00	05100	RECOVERY ROOM	0	700,401	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	319,707	52.00
53.00	05300	ANESTHESIOLOGY	-411,538	150,151	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-16,894	1,237,298	54.00
57.00	05700	CT SCAN	0	636,873	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	524,507	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-498,281	3,657,361	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	248,518	63.00
65.00	06500	RESPIRATORY THERAPY	0	359,434	65.00
66.00	06600	PHYSICAL THERAPY	-23,025	1,657,923	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	-46,663	118,222	68.00
69.00	06900	ELECTROCARDIOLOGY	0	255,044	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	184,356	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-1,773	589,238	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	851,554	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,750	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	551,534	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	545,542	76.01
76.02	03951	FLU CLINIC	0	1,691	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	-20,500	402,437	88.00
91.00	09100	EMERGENCY	-1,807,530	1,597,404	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-7,669	875,485	95.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	1,252,399	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet A
Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	-41,904	0	113.00
116.00	11600	HOSPICE	0	1,184,496	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-9,400,621	52,772,230	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	DAY HEALTH	0	159,839	194.00
194.01	07962	OUTREACH	0	197,876	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	154,746	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	527,176	194.05
194.06	07955	HOSPITALITY HOUSE	0	21,215	194.06
194.07	07956	HSK DIALYSIS	0	10,301	194.07
194.08	07957	LEASED SALARIES	0	27,929	194.08
194.09	07958	VISITING PHYSICIANS	0	290	194.09
194.10	07959	FARM LAND	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	332,432	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	6,527,642	194.12
194.13	07961	VALET PARKING SERVICE	0	18,286	194.13
200.00		TOTAL (SUM OF LINES 118-199)	-9,400,621	60,749,962	200.00

RECLASSIFICATIONS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-6
Date/Time Prepared:
11/22/2014 10:51 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - RECLASS OB SALARY						
1.00	NURSERY	43.00	320,886	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	314,089	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	2,146	0	3.00	
	TOTALS		637,121	0		
B - RECLASS FOOD SERVICE						
1.00	DIETARY	10.00	93,003	187,566	1.00	
	TOTALS		93,003	187,566		
C - RECLASS CARDIOLARIES						
1.00	ELECTROCARDIOLOGY	69.00	218,822	0	1.00	
2.00	ELECTROENCEPHALOGRAPHY	70.00	184,059	0	2.00	
	TOTALS		402,881	0		
D - RECLASS CT EXPENSE						
1.00	CT SCAN	57.00	445,562	191,311	1.00	
	TOTALS		445,562	191,311		
E - RECLASS CRNA SALARIES						
1.00	NONPHYSICIAN ANESTHETISTS	19.00	873,337	109,288	1.00	
	TOTALS		873,337	109,288		
F - RECLASS LEASE EXPENSE						
1.00	CAP REL COSTS-HOSPITAL	1.01	0	15,025	1.00	
2.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	524,507	2.00	
3.00	OPERATING ROOM	50.00	0	31,785	3.00	
4.00	CAP REL COSTS-HOSPITAL	1.01	0	21,845	4.00	
5.00	CAP REL COSTS-HOSPITAL	1.01	0	27,000	5.00	
6.00	CAP REL COSTS-HSB I	1.03	0	25,860	6.00	
7.00	CAP REL COSTS-REHAB CNT	1.04	0	46,225	7.00	
8.00	CAP REL COSTS-CONVENIENCE CARE CLINIC	1.09	0	20,491	8.00	
9.00	CAP REL COSTS-ORTHO BLDG	1.08	0	4,523	9.00	
	TOTALS		0	717,261		
G - RECLASS DONATION EXPENSE						
1.00	HOSPICE	116.00	0	7,886	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	117,301	2.00	
	TOTALS		0	125,187		
H - RECLASS COPY MACHINE EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	12,688	1.00	
	TOTALS		0	12,688		
I - RECLASS O2 EXPENSE						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	23,673	1.00	
	TOTALS		0	23,673		
J - RECLASS NON-BLOOD SUPPLIES						
1.00	LABORATORY	60.00	0	51,441	1.00	
	TOTALS		0	51,441		
L - RECLASS BLDG INSURANCE						
1.00	CAP REL COSTS-HOSPITAL	1.01	0	108,247	1.00	
2.00	CAP REL COSTS-HSB I	1.02	0	10,996	2.00	
3.00	CAP REL COSTS-HSB II	1.03	0	8,330	3.00	
4.00	CAP REL COSTS-HOSPITALITY HOUSE	1.06	0	423	4.00	
5.00	CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	0	239	5.00	
6.00	CAP REL COSTS-CONVENIENCE CARE CLINIC	1.09	0	1,111	6.00	
7.00	CAP REL COSTS-ORTHO BLDG	1.08	0	1,746	7.00	
	TOTALS		0	131,092		
M - RECLASS AUTO & AMBULANCE COLLISION I						
1.00	CAP REL COSTS-HOSPITAL	1.01	0	25,806	1.00	
2.00	CAP REL COSTS-HSB I	1.02	0	863	2.00	
	TOTALS		0	26,669		
N - RECLASS FLU SHOT EXPENSE						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,750	1.00	
2.00	FLU CLINIC	76.02	1,691	0	2.00	
	TOTALS		1,691	9,750		
O - RECLASS CCC DEPRECIATION						
1.00	CAP REL COSTS-CONVENIENCE CARE CLINIC	1.09	0	3,710	1.00	
	TOTALS		0	3,710		
P - RECLASS BUSHNELL CLINIC DEPREC						
1.00	CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	0	650	1.00	
	TOTALS		0	650		

RECLASSIFICATIONS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-6

Date/Time Prepared:
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		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
Q - RECLASS MITEL LEASE OF PHONE SERVICE						
1.00	CAP REL COSTS-HOSPITAL		1.01	0	45,497	1.00
	TOTALS			0	45,497	
S - RECLASS RHC EXPENSES						
1.00	RURAL HEALTH CLINIC		88.00	348,944	70,581	1.00
	TOTALS			348,944	70,581	
T - RECLASS EMPLOYEE VACCINES						
1.00	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	9,864	1.00
	TOTALS			0	9,864	
U - RECLASS FLU VACCINE						
1.00	RURAL HEALTH CLINIC		88.00	0	3,412	1.00
	TOTALS			0	3,412	
500.00	Grand Total: Increases			2,802,539	1,719,640	500.00

RECLASSIFICATIONS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - RECLASS OB SALARY							
1.00	ADULTS & PEDIATRICS	30.00	637,121	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
TOTALS			637,121	0			
B - RECLASS FOOD SERVICE							
1.00	CAFETERIA	11.00	93,003	187,566	0		1.00
TOTALS			93,003	187,566			
C - RECLASS CARDIOLARIES							
1.00	RESPIRATORY THERAPY	65.00	402,881	0	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			402,881	0			
D - RECLASS CT EXPENSE							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	445,562	191,311	0		1.00
TOTALS			445,562	191,311			
E - RECLASS CRNA SALARIES							
1.00	ANESTHESIOLOGY	53.00	873,337	109,288	0		1.00
TOTALS			873,337	109,288			
F - RECLASS LEASE EXPENSE							
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	717,261	10		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	10		4.00
5.00		0.00	0	0	10		5.00
6.00		0.00	0	0	10		6.00
7.00		0.00	0	0	10		7.00
8.00		0.00	0	0	10		8.00
9.00		0.00	0	0	10		9.00
TOTALS			0	717,261			
G - RECLASS DONATION EXPENSE							
1.00	FUND DEVELOPMENT	194.03	0	125,187	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			0	125,187			
H - RECLASS COPY MACHINE EXPENSE							
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	12,688	0		1.00
TOTALS			0	12,688			
I - RECLASS O2 EXPENSE							
1.00	RESPIRATORY THERAPY	65.00	0	23,673	0		1.00
TOTALS			0	23,673			
J - RECLASS NON-BLOOD SUPPLIES							
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	51,441	0		1.00
TOTALS			0	51,441			
L - RECLASS BLDG INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	131,092	12		1.00
2.00		0.00	0	0	12		2.00
3.00		0.00	0	0	12		3.00
4.00		0.00	0	0	12		4.00
5.00		0.00	0	0	12		5.00
6.00		0.00	0	0	12		6.00
7.00		0.00	0	0	12		7.00
TOTALS			0	131,092			
M - RECLASS AUTO & AMBULANCE COLLISION I							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	26,669	12		1.00
2.00		0.00	0	0	12		2.00
TOTALS			0	26,669			
N - RECLASS FLU SHOT EXPENSE							
1.00	HOME HEALTH AGENCY	101.00	1,691	9,750	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			1,691	9,750			
O - RECLASS CCC DEPRECIATION							
1.00	CAP REL COSTS-HOSPITAL	1.01	0	3,710	9		1.00
TOTALS			0	3,710			
P - RECLASS BUSHNELL CLINIC DEPREC							
1.00	CAP REL COSTS-HOSPITAL	1.01	0	650	9		1.00
TOTALS			0	650			
Q - RECLASS MITEL LEASE OF PHONE SERVICE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	45,497	10		1.00
TOTALS			0	45,497			
S - RECLASS RHC EXPENSES							
1.00	MMG-PHYSICIAN OFFICES	194.12	348,944	70,581	0		1.00
TOTALS			348,944	70,581			

RECLASSIFICATIONS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-6

Date/Time Prepared:
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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
T - RECLASS EMPLOYEE VACCINES								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9,864	0			1.00
	TOTALS		0	9,864				
U - RECLASS FLU VACCINE								
1.00	PHARMACY	15.00	0	3,412	0			1.00
	TOTALS		0	3,412				
500.00	Grand Total: Decreases		2,802,539	1,719,640				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-7
Part I
Date/Time Prepared:
11/22/2014 10:51 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	111,602	0	0	0	0	1.00
2.00	Land Improvements	2,270,803	257,650	0	257,650	0	2.00
3.00	Buildings and Fixtures	42,705,713	4,112,538	0	4,112,538	214,570	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	913,784	13,574	0	13,574	3,021	5.00
6.00	Movable Equipment	26,550,099	3,018,243	0	3,018,243	1,137,336	6.00
7.00	HIT designated Assets	0	277,320	0	277,320	0	7.00
8.00	Subtotal (sum of lines 1-7)	72,552,001	7,679,325	0	7,679,325	1,354,927	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	72,552,001	7,679,325	0	7,679,325	1,354,927	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	111,602	0				1.00
2.00	Land Improvements	2,528,453	909,856				2.00
3.00	Buildings and Fixtures	46,603,681	21,220,052				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	924,337	604,128				5.00
6.00	Movable Equipment	28,431,006	12,736,708				6.00
7.00	HIT designated Assets	277,320	0				7.00
8.00	Subtotal (sum of lines 1-7)	78,876,399	35,470,744				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	78,876,399	35,470,744				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-7
Part II
Date/Time Prepared:
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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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-HOSPITAL	3,513,140	0	0	0	0	1.01
1.02	CAP REL COSTS-HSB I	245,128	0	0	0	0	1.02
1.03	CAP REL COSTS-HSB II	216,169	0	0	0	0	1.03
1.04	CAP REL COSTS-REHAB CNT	0	0	0	0	0	1.04
1.05	CAP REL COSTS-DIAYSIS	42	0	0	0	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	12,913	0	0	0	0	1.06
1.07	CAP REL COSTS-MAB	73,500	0	0	0	0	1.07
1.08	CAP REL COSTS-ORTHO BLDG	60,564	0	0	0	0	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLINI	0	0	0	0	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0	1.10
3.00	Total (sum of lines 1-2)	4,121,456	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	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	CAP REL COSTS-HOSPITAL	0	3,513,140				1.01
1.02	CAP REL COSTS-HSB I	0	245,128				1.02
1.03	CAP REL COSTS-HSB II	0	216,169				1.03
1.04	CAP REL COSTS-REHAB CNT	0	0				1.04
1.05	CAP REL COSTS-DIAYSIS	0	42				1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	12,913				1.06
1.07	CAP REL COSTS-MAB	0	73,500				1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	60,564				1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLINI	0	0				1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0				1.10
3.00	Total (sum of lines 1-2)	0	4,121,456				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0 1.00
1.01	CAP REL COSTS-HOSPITAL	61,158,433	27,732	61,130,701	0.843646	0 1.01
1.02	CAP REL COSTS-HSB I	6,038,050	0	6,038,050	0.083329	0 1.02
1.03	CAP REL COSTS-HSB II	2,907,868	0	2,907,868	0.040131	0 1.03
1.04	CAP REL COSTS-REHAB CNT	185,269	0	185,269	0.002557	0 1.04
1.05	CAP REL COSTS-DIAYSIS	1,518	0	1,518	0.000021	0 1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	276,438	0	276,438	0.003815	0 1.06
1.07	CAP REL COSTS-MAB	1,120,935	0	1,120,935	0.015470	0 1.07
1.08	CAP REL COSTS-ORTHO BLDG	777,092	0	777,092	0.010724	0 1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLINI	20,284	0	20,284	0.000280	0 1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	1,950	0	1,950	0.000027	0 1.10
3.00	Total (sum of lines 1-2)	72,487,837	27,732	72,460,105	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0 1.00
1.01	CAP REL COSTS-HOSPITAL	0	0	0	3,583,578	109,367 1.01
1.02	CAP REL COSTS-HSB I	0	0	0	245,128	0 1.02
1.03	CAP REL COSTS-HSB II	0	0	0	216,169	25,860 1.03
1.04	CAP REL COSTS-REHAB CNT	0	0	0	0	46,225 1.04
1.05	CAP REL COSTS-DIAYSIS	0	0	0	0	0 1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	12,913	0 1.06
1.07	CAP REL COSTS-MAB	0	0	0	73,500	0 1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	0	0	60,564	4,523 1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLINI	0	0	0	3,710	20,491 1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	650	0 1.10
3.00	Total (sum of lines 1-2)	0	0	0	4,196,212	206,466 3.00
Cost Center Description	SUMMARY OF CAPITAL					
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
	11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0 1.00
1.01	CAP REL COSTS-HOSPITAL	0	134,053	0	0	3,826,998 1.01
1.02	CAP REL COSTS-HSB I	0	11,859	0	0	256,987 1.02
1.03	CAP REL COSTS-HSB II	0	8,330	0	0	250,359 1.03
1.04	CAP REL COSTS-REHAB CNT	0	0	0	0	46,225 1.04
1.05	CAP REL COSTS-DIAYSIS	0	0	0	0	0 1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	423	0	0	13,336 1.06
1.07	CAP REL COSTS-MAB	0	0	0	0	73,500 1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	1,746	0	0	66,833 1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLINI	0	1,111	0	0	25,312 1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	239	0	0	889 1.10
3.00	Total (sum of lines 1-2)	0	157,761	0	0	4,560,439 3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-8

Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01 Investment income - CAP REL COSTS-HOSPITAL (chapter 2)			0	CAP REL COSTS-HOSPITAL	1.01	0	1.01
1.02 Investment income - CAP REL COSTS-HSB I (chapter 2)			0	CAP REL COSTS-HSB I	1.02	0	1.02
1.03 Investment income - CAP REL COSTS-HSB II (chapter 2)			0	CAP REL COSTS-HSB II	1.03	0	1.03
1.04 Investment income - CAP REL COSTS-REHAB CNT (chapter 2)			0	CAP REL COSTS-REHAB CNT	1.04	0	1.04
1.05 Investment income - CAP REL COSTS-DIAYSIS (chapter 2)			0	CAP REL COSTS-DIAYSIS	1.05	0	1.05
1.06 Investment income - CAP REL COSTS-HOSPITALITY HOUSE (chapter 2)			0	CAP REL COSTS-HOSPITALITY HOUSE	1.06	0	1.06
1.07 Investment income - CAP REL COSTS-MAB (chapter 2)			0	CAP REL COSTS-MAB	1.07	0	1.07
1.08 Investment income - CAP REL COSTS-ORTHO BLDG (chapter 2)			0	CAP REL COSTS-ORTHO BLDG	1.08	0	1.08
1.09 Investment income - CAP REL COSTS-CONVENIENCE CARE CLINI (chapter 2)			0	CAP REL COSTS-CONVENIENCE CARE CLINI	1.09	0	1.09
1.10 Investment income - CAP REL COSTS-BUSHNELL OFFICE BLDG (chapter 2)			0	CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	0	1.10
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	*** Cost Center Deleted ***	2.00	0	2.00
3.00 Investment income - other (chapter 2)	A	-41,904	0	INTEREST EXPENSE	113.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0	0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-63,851	0	ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0	0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-1,934	0	CAP REL COSTS-HOSPITAL	1.01	9	7.00
8.00 Television and radio service (chapter 21)	A	-14,308	0	CAP REL COSTS-HOSPITAL	1.01	9	8.00
9.00 Parking lot (chapter 21)		0	0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,323,345	0			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-2,974	0	CAP REL COSTS-HOSPITAL	1.01	9	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0	0			0	12.00
13.00 Laundry and linen service		0	0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-410,409	0	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0	0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-1,773	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16.00
17.00 Sale of drugs to other than patients		0	0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-14,243	0	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)	B	-2,000	0	PARAMED ED PRGM	23.00	0	19.00
20.00 Vending machines		0	0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	-206,026	0	ADMINISTRATIVE & GENERAL	5.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	RESPIRATORY THERAPY	65.00	23.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-8

Date/Time Prepared:
11/22/2014 10:51 am

Line #	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
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 - NEW CAP REL COSTS-BLDG & FIXT			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-HOSPITAL			0	CAP REL COSTS-HOSPITAL	1.01	0	26.01
26.02	Depreciation - CAP REL COSTS-HSBI			0	CAP REL COSTS-HSBI	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-HSBI I			0	CAP REL COSTS-HSBI I	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-REHAB CNT			0	CAP REL COSTS-REHAB CNT	1.04	0	26.04
26.05	Depreciation - CAP REL COSTS-DIAYSIS	A	-42	0	CAP REL COSTS-DIAYSIS	1.05	9	26.05
26.06	Depreciation - CAP REL COSTS-HOSPITALITY HOUSE			0	CAP REL COSTS-HOSPITALITY HOUSE	1.06	0	26.06
26.07	Depreciation - CAP REL COSTS-MAB			0	CAP REL COSTS-MAB	1.07	0	26.07
26.08	Depreciation - CAP REL COSTS-ORTHO BLDG			0	CAP REL COSTS-ORTHO BLDG	1.08	0	26.08
26.09	Depreciation - CAP REL COSTS-CONVENIENCE CARE CLINI			0	CAP REL COSTS-CONVENIENCE CARE CLINI	1.09	0	26.09
26.10	Depreciation - CAP REL COSTS-BUSHNELL OFFICE BLDG			0	CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	0	26.10
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0	*** Cost Center Deleted ***	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-982,625	0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00	COUNTRY CLUB DUES	A	-1,000	0	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	RENTAL OF MANIKIN	B	-292	0	NURSING ADMINISTRATIVE	13.00	0	33.01
33.02	PAYROLL TAX REFUND	B	-303	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03	MEETING REFUND	B	-889	0	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	TELEPHONE SERVICE	A	-1,963	0	CAP REL COSTS-HOSPITAL	1.01	9	33.04
33.05	OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.05
33.06	OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.06
33.07	OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.07
33.08	OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.08
33.09	OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.09
34.00	DONATION TO IHREF	A	-33,689	0	ADMINISTRATIVE & GENERAL	5.00	0	34.00
34.50	IHHA/AHA DUES	A	-28,640	0	ADMINISTRATIVE & GENERAL	5.00	0	34.50
35.00	AONE DUES	A	-176	0	ADMINISTRATIVE & GENERAL	5.00	0	35.00
35.50	TELEPHONE ANSWERING	B	-2,539	0	ADMINISTRATIVE & GENERAL	5.00	0	35.50
36.00	RECLAIMED SILVER	B	-16,894	0	RADIOLOGY-DIAGNOSTIC	54.00	0	36.00
36.50	LOSS ON DISPOSAL OF EQUIP	A	95,977	0	CAP REL COSTS-HOSPITAL	1.01	9	36.50
37.00	DAY HEALTH MEALS	B	-14,237	0	DIETARY	10.00	0	37.00
38.00	IDPA PARTICIPANT FEES	A	-10,867	0	ADMINISTRATIVE & GENERAL	5.00	0	38.00
38.50	RADIOLOGY BILLING	B	-113,076	0	ADMINISTRATIVE & GENERAL	5.00	0	38.50
39.00	NUTRITION COUNSELING	B	-25,904	0	DIETARY	10.00	0	39.00
39.50	AMBULANCE OTHER REVENUE	B	-7,669	0	AMBULANCE SERVICES	95.00	0	39.50
40.00	KARE-A-LOT	B	-521	0	ADULTS & PEDIATRICS	30.00	0	40.00
40.50	CONSULTING-PT/OT	B	-23,025	0	PHYSICAL THERAPY	66.00	0	40.50

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		
41.00 TELEPHONE SERVICES-SALARIES	A	-5,884	ADMINISTRATIVE & GENERAL	5.00	0	41.00
41.50 SELF INSUR EMPLOYEE HEALTH INSUR EXP	A	-3,373,048	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41.50
42.00 FLOOD INSURANCE SETTLEMENT	B	-30,759	ADMINISTRATIVE & GENERAL	5.00	0	42.00
42.50 HOSPITALIST RN COVERAGE	A	-3,095	ADULTS & PEDIATRICS	30.00	0	42.50
43.00 CONSULTING-SPEECH	A	-46,663	SPEECH PATHOLOGY	68.00	0	43.00
43.50 CRNA EMPLOYEE BENEFITS	A	-115,685	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	43.50
44.00 PHYSICIAN PART B EMPLOYEE BENEFITS	A	-197,173	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.00
44.01 ADVERTISING	A	-260,334	ADMINISTRATIVE & GENERAL	5.00	0	44.01
44.03 NSF FEE	B	-50	ADMINISTRATIVE & GENERAL	5.00	0	44.03
44.05 NON RHC PHYSICIAN SALARY	A	-20,500	RURAL HEALTH CLINIC	88.00	0	44.05
44.06 NON-ALLOWABLE PROPERTY TAX	A	-89,984	OTHER CAPITAL RELATED COSTS	3.00	0	44.06
44.07 HANDLING STORAGE FEE	B	-6,300	ADMINISTRATIVE & GENERAL	5.00	0	44.07
45.00 MISC-MISC CASH	B	-5	ADMINISTRATIVE & GENERAL	5.00	0	45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,400,621				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: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-8-2

Date/Time Prepared:
11/22/2014 10:51 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	53.00	ANESTHESIOLOGY	441,695	372,791	65,862	167,000	348	1.00
2.00	0.00	AGGREGATE-	0	0	0	0	0	2.00
3.00	91.00	EMERGENCY	1,807,530	1,807,530	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	605,996	605,996	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	60.00	LABORATORY	702,836	402,022	300,814	208,000	1,963	6.00
7.00	0.00	AGGREGATE-	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,558,057	3,188,339	366,676		2,311	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	53.00	ANESTHESIOLOGY	27,940	1,397	1,981	295	12,892	1.00
2.00	0.00	AGGREGATE-	0	0	0	0	0	2.00
3.00	91.00	EMERGENCY	0	0	7,099	0	11,623	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	10,339	0	6,702	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	60.00	LABORATORY	196,300	9,815	10,765	4,607	8,523	6.00
7.00	0.00	AGGREGATE-	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			224,240	11,212	30,184	4,902	39,740	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	53.00	ANESTHESIOLOGY	1,922	30,157	35,705	411,538	1.00
2.00	0.00	AGGREGATE-	0	0	0	0	2.00
3.00	91.00	EMERGENCY	0	0	0	1,807,530	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	605,996	4.00
5.00	0.00		0	0	0	0	5.00
6.00	60.00	LABORATORY	3,648	204,555	96,259	498,281	6.00
7.00	0.00	AGGREGATE-	0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			5,570	234,712	131,964	3,323,345	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
		0	1.00	1.01	1.02	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01 00101 CAP REL COSTS-HOSPITAL	3,826,998	0	3,826,998	0	0	1.01
1.02 00102 CAP REL COSTS-HSB I	256,987	0	0	256,987	0	1.02
1.03 00103 CAP REL COSTS-HSB II	250,359	0	0	0	250,359	1.03
1.04 00104 CAP REL COSTS-REHAB CNT	46,225	0	0	0	0	1.04
1.05 00105 CAP REL COSTS-DIAGNOSIS	0	0	0	0	0	1.05
1.06 00106 CAP REL COSTS-HOSPITALITY HOUSE	13,336	0	0	0	0	1.06
1.07 00107 CAP REL COSTS-MAB	73,500	0	0	0	0	1.07
1.08 00108 CAP REL COSTS-ORTHO BLDG	66,833	0	0	0	0	1.08
1.09 00109 CAP REL COSTS-CONVENIENCE CARE CLINIC	25,312	0	0	0	0	1.09
1.10 00110 CAP REL COSTS-BUSHNELL OFFICE BLDG	889	0	0	0	0	1.10
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	7,649,189	0	27,201	0	0	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	7,362,218	0	1,041,917	76,056	97,106	5.00
6.00 00600 MAINTENANCE & REPAIRS	1,685,907	0	281,107	0	0	6.00
6.01 00601 MAINTENANCE & REPAIRS-HSB I	154,657	0	0	8,975	0	6.01
6.02 00602 MAINTENANCE & REPAIRS-HSB II	108,262	0	0	0	37,408	6.02
6.03 00603 MAINTENANCE & REPAIRS-REHAB CLINIC	7,995	0	0	0	0	6.03
6.04 00604 MAINTENANCE & REPAIRS-MAB	18,422	0	0	0	0	6.04
6.05 00605 MAINTENANCE & REPAIRS-ORTHO BLDG	10,825	0	0	0	0	6.05
8.00 00800 LAUNDRY & LINEN SERVICE	315,311	0	85,379	0	0	8.00
9.00 00900 HOUSEKEEPING	557,179	0	45,394	0	0	9.00
9.01 00901 HOUSEKEEPING-HSB	110,194	0	0	0	0	9.01
9.02 00902 HOUSEKEEPING-HSB II	36,888	0	0	0	0	9.02
9.03 00903 HOUSEKEEPING-ORTHO	4,922	0	0	0	0	9.03
9.04 00904 HOUSEKEEPING-MAB	4,016	0	0	0	0	9.04
10.00 01000 DIETARY	504,085	0	59,281	0	0	10.00
11.00 01100 CAFETERIA	416,782	0	149,650	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	521,157	0	1,325	0	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	422,291	0	141,370	0	0	14.00
15.00 01500 PHARMACY	2,197,257	0	34,377	0	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	862,397	0	84,253	0	0	16.00
17.00 01700 SOCIAL SERVICE	453,014	0	10,112	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00 02300 PARAMEDICAL PRGM	93,938	0	5,630	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	2,836,592	0	598,511	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	742,730	0	95,689	0	0	31.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	320,886	0	20,864	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	876,365	0	61,909	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,026,987	0	180,008	0	0	50.00
51.00 05100 RECOVERY ROOM	700,401	0	58,950	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	319,707	0	44,511	0	0	52.00
53.00 05300 ANESTHESIOLOGY	150,151	0	7,065	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,237,298	0	221,119	0	0	54.00
57.00 05700 CT SCAN	636,873	0	10,046	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	524,507	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	3,657,361	0	200,674	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	248,518	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	359,434	0	80,234	0	0	65.00
66.00 06600 PHYSICAL THERAPY	1,657,923	0	93,062	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	118,222	0	3,091	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	255,044	0	3,091	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	184,356	0	4,769	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	589,238	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	851,554	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	9,750	0	0	0	0	73.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	551,534	0	0	13,863	0	76.00
76.01 03950 DIABETES/WOUND CARE/COUMADIN CNTR	545,542	0	18,259	0	0	76.01
76.02 03951 FLU CLINIC	1,691	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	402,437	0	0	0	0	88.00
91.00 09100 EMERGENCY	1,597,404	0	114,456	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II		
		0	1.00	1.01	1.02		1.03
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	875,485	0	29,806	0	0	95.00
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	1,252,399	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600	HOSPICE	1,184,496	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	52,772,230	0	3,813,110	98,894	134,514	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	11,128	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	119,748	0	192.00
194.00 07950	DAY HEALTH	159,839	0	0	13,576	0	194.00
194.01 07962	OUTREACH	197,876	0	0	1,979	0	194.01
194.02 07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03 07952	FUND DEVELOPMENT	154,746	0	2,760	0	0	194.03
194.04 07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05 07954	PHYSICIAN SUPPORT	527,176	0	0	3,893	0	194.05
194.06 07955	HOSPITALITY HOUSE	21,215	0	0	0	0	194.06
194.07 07956	HSK DIALYSIS	10,301	0	0	0	0	194.07
194.08 07957	LEASED SALARIES	27,929	0	0	0	0	194.08
194.09 07958	VISITING PHYSICIANS	290	0	0	0	0	194.09
194.10 07959	FARM LAND	0	0	0	0	0	194.10
194.11 07963	CONVENIENCE CARE CLINIC	332,432	0	0	0	0	194.11
194.12 07960	MMG-PHYSICIAN OFFICES	6,527,642	0	0	18,897	115,845	194.12
194.13 07961	VALET PARKING SERVICE	18,286	0	0	0	0	194.13
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	TOTAL (sum lines 118-201)	60,749,962	0	3,826,998	256,987	250,359	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description		CAPITAL RELATED COSTS					
		CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
		1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT	46,225				1.04
1.05	00105	CAP REL COSTS-DIAYSIS	0	0			1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	0	13,336		1.06
1.07	00107	CAP REL COSTS-MAB	0	0	0	73,500	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	0	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI	0	0	0	66,833	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	33,416	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	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	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	46,225	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2013
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Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
			1.04	1.05	1.06	1.07	1.08	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	16,806	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	10,209	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	46,225	0	0	27,015	33,416	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	46,485	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	13,336	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	0	33,417	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	46,225	0	13,336	73,500	66,833	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
	CONVENIENCE CARE CLINI	BUSHNELL OFFICE BLDG					
	1.09	1.10	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101	CAP REL COSTS-HOSPITAL						1.01
1.02 00102	CAP REL COSTS-HSB I						1.02
1.03 00103	CAP REL COSTS-HSB II						1.03
1.04 00104	CAP REL COSTS-REHAB CNT						1.04
1.05 00105	CAP REL COSTS-DIAYSIS						1.05
1.06 00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07 00107	CAP REL COSTS-MAB						1.07
1.08 00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09 00109	CAP REL COSTS-CONVENIENCE CARE CLINI	25,312					1.09
1.10 00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	889				1.10
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	7,709,806			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	0	941,133	9,518,430	9,518,430	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	143,257	2,110,271	392,071	6.00
6.01 00601	MAINTENANCE & REPAIRS-HSB I	0	0	4,816	168,448	31,296	6.01
6.02 00602	MAINTENANCE & REPAIRS-HSB II	0	0	2,897	148,567	27,603	6.02
6.03 00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	7,995	1,485	6.03
6.04 00604	MAINTENANCE & REPAIRS-MAB	0	0	627	19,049	3,539	6.04
6.05 00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	336	11,161	2,074	6.05
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	50,545	451,235	83,836	8.00
9.00 00900	HOUSEKEEPING	0	0	111,154	713,727	132,605	9.00
9.01 00901	HOUSEKEEPING-HSB	0	0	23,579	133,773	24,854	9.01
9.02 00902	HOUSEKEEPING-HSB II	0	0	7,491	44,379	8,245	9.02
9.03 00903	HOUSEKEEPING-ORTHO	0	0	1,064	5,986	1,112	9.03
9.04 00904	HOUSEKEEPING-MAB	0	0	969	4,985	926	9.04
10.00 01000	DIETARY	0	0	84,865	648,231	120,436	10.00
11.00 01100	CAFETERIA	0	0	66,188	632,620	117,536	11.00
13.00 01300	NURSING ADMINISTRATION	0	0	119,303	641,785	119,239	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	58,333	621,994	115,562	14.00
15.00 01500	PHARMACY	0	0	137,783	2,369,417	440,219	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	179,092	1,125,742	209,154	16.00
17.00 01700	SOCIAL SERVICE	0	0	102,388	565,514	105,068	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00 02300	PARAMED PRGM	0	0	20,020	119,588	22,218	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	0	682,540	4,117,643	765,025	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	168,493	1,006,912	187,076	31.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	77,458	419,208	77,885	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	181,932	1,120,206	208,125	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	0	273,905	2,480,900	460,931	50.00
51.00 05100	RECOVERY ROOM	0	0	121,432	880,783	163,642	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	75,818	440,036	81,755	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	157,216	29,209	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	188,925	1,647,342	306,063	54.00
57.00 05700	CT SCAN	0	0	107,554	754,473	140,175	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	524,507	97,449	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	0	0	428,143	4,286,178	796,338	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	248,518	46,173	63.00
65.00 06500	RESPIRATORY THERAPY	0	0	72,891	512,559	95,229	65.00
66.00 06600	PHYSICAL THERAPY	0	0	392,044	2,189,254	406,746	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	37,884	159,197	29,578	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	52,821	310,956	57,773	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	44,430	233,555	43,393	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	589,238	109,476	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	851,554	158,212	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,750	1,811	73.00
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	130,257	695,654	129,247	76.00
76.01 03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	123,248	687,049	127,648	76.01
76.02 03951	FLU CLINIC	0	0	408	2,099	390	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	889	84,231	487,557	90,584	88.00
91.00 09100	EMERGENCY	0	0	242,948	1,954,808	363,188	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	0	186,158	1,091,449	202,782	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			CONVENIENCE CARE CLINI	BUSHNELL OFFICE BLDG					
			1.09	1.10	4.00				
99.10	09910	CORF	0	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	271,378	1,540,583	286,228		101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	0	0	119,232	1,313,937	244,119		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	889	6,119,970	50,776,018	7,665,328		118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	11,128	2,067		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	166,233	30,885		192.00
194.00	07950	DAY HEALTH	0	0	32,017	205,432	38,168		194.00
194.01	07962	OUTREACH	0	0	39,046	238,901	44,386		194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0		194.02
194.03	07952	FUND DEVELOPMENT	0	0	29,923	187,429	34,823		194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0		194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	22,680	553,749	102,882		194.05
194.06	07955	HOSPITALITY HOUSE	0	0	3,962	38,513	7,155		194.06
194.07	07956	HSK DIALYSIS	0	0	2,412	12,713	2,362		194.07
194.08	07957	LEASED SALARIES	0	0	6,742	34,671	6,442		194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	290	54		194.09
194.10	07959	FARM LAND	0	0	0	0	0		194.10
194.11	07963	CONVENIENCE CARE CLINIC	25,312	0	55,378	413,122	76,755		194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	1,393,339	8,089,140	1,502,920		194.12
194.13	07961	VALET PARKING SERVICE	0	0	4,337	22,623	4,203		194.13
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 118-201)	25,312	889	7,709,806	60,749,962	9,518,430		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
			6.00	6.01	6.02	6.03	6.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	2,502,342					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	199,744				6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	176,170			6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	9,480		6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	22,588	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	86,260	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	45,863	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	59,893	0	0	0	0	10.00
11.00	01100	CAFETERIA	151,195	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,338	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	142,830	0	0	0	0	14.00
15.00	01500	PHARMACY	34,732	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	85,122	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	10,216	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM	5,688	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	604,690	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	96,677	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	21,080	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	62,548	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	181,866	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	59,559	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	44,970	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,138	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	223,401	0	0	0	0	54.00
57.00	05700	CT SCAN	10,150	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	202,745	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	81,063	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	94,023	0	0	9,480	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,123	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,123	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,818	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	16,103	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	18,448	0	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	115,638	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	30,114	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	5,165	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSBI	MAINTENANCE & REPAIRS-HSBI I	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
		6.00	6.01	6.02	6.03	6.04	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	3,138	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,488,311	16,103	0	9,480	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,243	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	139,100	0	14,285	192.00
194.00	07950	DAY HEALTH	0	15,770	0	0	194.00
194.01	07962	OUTREACH	0	2,299	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	2,788	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	4,522	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	21,950	176,170	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	194.13
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,502,342	199,744	176,170	9,480	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part I Date/Time Prepared: 11/22/2014 10:51 am
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Cost Center Description		MAINTENANCE & REPAIRS-ORTHO BLDG 6.05	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING-HSB 9.01	HOUSEKEEPING-HSB II 9.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	13,235				6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	621,331			8.00
9.00	00900	HOUSEKEEPING	0	43,877	936,072		9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	158,627	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	52,624	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	9.04
10.00	01000	DIETARY	0	554	16,040	0	10.00
11.00	01100	CAFETERIA	0	1,663	80,032	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	7,401	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	28,435	0	14.00
15.00	01500	PHARMACY	0	0	3,770	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,312	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	995	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	62,850	251,153	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,191	29,956	0	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	3,030	4,591	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	20,211	65,732	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	66,541	69,537	0	50.00
51.00	05100	RECOVERY ROOM	0	21,001	31,707	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	7,212	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	21,426	39,232	0	54.00
57.00	05700	CT SCAN	0	0	13,762	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,172	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	1,344	48,369	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,618	21,098	0	65.00
66.00	06600	PHYSICAL THERAPY	0	26,296	70,502	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	7,630	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,457	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,042	6,719	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	12,788	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	7,834	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	33,453	96,022	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	5,412	497	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

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Cost Center Description		MAINTENANCE & REPAIRS-ORTHO BLDG 6.05	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING-H SB 9.01	HOUSEKEEPING-H SB II 9.02	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	322,681	912,995	12,788	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,815	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	110,467	192.00
194.00	07950	DAY HEALTH	0	177	0	12,524	194.00
194.01	07962	OUTREACH	0	0	1,119	1,825	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	298,190	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	3,591	194.05
194.06	07955	HOSPITALITY HOUSE	0	283	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	20,143	0	194.09
194.10	07959	FARM LAND	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	13,235	0	0	17,432	52,624
194.13	07961	VALET PARKING SERVICE	0	0	0	0	194.13
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	13,235	621,331	936,072	158,627	52,624

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
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Cost Center Description			HOUSEKEEPING-O	HOUSEKEEPING-M	DIETARY	CAFETERIA	NURSING	
			RTHO	AB	10.00	11.00	ADMINISTRATION	
			9.03	9.04				
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO	7,098					9.03
9.04	00904	HOUSEKEEPING-MAB	0	5,911				9.04
10.00	01000	DIETARY	0	0	845,154			10.00
11.00	01100	CAFETERIA	0	0	0	983,046		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	15,758	785,521	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	18,667	0	14.00
15.00	01500	PHARMACY	0	0	0	16,728	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	41,213	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17,940	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED PRGM	0	0	0	2,424	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	430,443	115,396	382,318	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	65,604	27,637	91,564	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	12,364	40,963	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	120,832	36,607	121,282	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	46,304	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	19,152	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	12,121	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	41,698	0	54.00
57.00	05700	CT SCAN	0	0	0	14,788	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	77,335	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,849	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	58,425	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,333	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,455	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,758	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	26,910	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	17,940	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	12,606	0	88.00
91.00	09100	EMERGENCY	0	0	0	45,092	149,394	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	48,001	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	1,352	0	39,273	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
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Cost Center Description		HOUSEKEEPING-O	HOUSEKEEPING-M	DIETARY	CAFETERIA	NURSING	
		RTHO	AB	10.00	11.00	ADMINISTRATION	
		9.03	9.04			13.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE					0 113.00
116.00	11600	HOSPICE	0	821	0	19,879	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	2,173	616,879	819,653	785,521 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,738	0	0	0 192.00
194.00	07950	DAY HEALTH	0	0	228,275	7,515	0 194.00
194.01	07962	OUTREACH	0	0	0	9,212	0 194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0 194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	4,849	0 194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0 194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	2,424	0 194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	970	0 194.06
194.07	07956	HSK DIALYSIS	0	0	0	970	0 194.07
194.08	07957	LEASED SALARIES	0	0	0	970	0 194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0 194.09
194.10	07959	FARM LAND	0	0	0	0	0 194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	8,970	0 194.11
194.12	07960	MMG-PHYSICIAN OFFICES	7,098	0	0	125,574	0 194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	1,939	0 194.13
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 118-201)	7,098	5,911	845,154	983,046	785,521 202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part I Date/Time Prepared: 11/22/2014 10:51 am
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO						9.03
9.04	00904	HOUSEKEEPING-MAB						9.04
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	927,488					14.00
15.00	01500	PHARMACY	0	2,864,866				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,464,543			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	699,733		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	56,174	0	1,217,036	442,829	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,685	0	21,968	108,038	0	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	14,645	9,422	0	43.00
44.00	04400	SKILLED NURSING FACILITY	9,464	0	83,479	114,319	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	186,230	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	58,617	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	16,181	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,717	0	0	0	0	54.00
57.00	05700	CT SCAN	8,854	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	49,153	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	6,411	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,579	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	611	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	166,691	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	259,807	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,526	2,864,866	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	305	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	5,801	0	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	49,458	0	127,415	25,125	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	305	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	6,717	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

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Part I
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE					0 113.00
116.00	11600	HOSPICE	4,274	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	908,560	2,864,866	1,464,543	699,733	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00	07950	DAY HEALTH	611	0	0	0	0 194.00
194.01	07962	OUTREACH	1,526	0	0	0	0 194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0 194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0 194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0 194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0 194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0 194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0 194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0 194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0 194.09
194.10	07959	FARM LAND	0	0	0	0	0 194.10
194.11	07963	CONVENIENCE CARE CLINIC	1,832	0	0	0	0 194.11
194.12	07960	MMG-PHYSICIAN OFFICES	14,959	0	0	0	0 194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0 194.13
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 118-201)	927,488	2,864,866	1,464,543	699,733	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

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Cost Center Description			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-HSB					9.01
9.02	00902	HOUSEKEEPING-HSB II					9.02
9.03	00903	HOUSEKEEPING-ORTHO					9.03
9.04	00904	HOUSEKEEPING-MAB					9.04
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
23.00	02300	PARAMED PRGM	149,918				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	8,445,557	0	8,445,557	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,652,308	0	1,652,308	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	603,188	0	603,188	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,962,805	0	1,962,805	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	3,492,309	0	3,492,309	50.00
51.00	05100	RECOVERY ROOM	0	1,234,461	0	1,234,461	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	586,094	0	586,094	52.00
53.00	05300	ANESTHESIOLOGY	0	209,744	0	209,744	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	149,918	2,435,797	0	2,435,797	54.00
57.00	05700	CT SCAN	0	942,202	0	942,202	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	625,128	0	625,128	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	5,461,462	0	5,461,462	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	294,691	0	294,691	63.00
65.00	06500	RESPIRATORY THERAPY	0	731,827	0	731,827	65.00
66.00	06600	PHYSICAL THERAPY	0	2,859,305	0	2,859,305	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	204,861	0	204,861	68.00
69.00	06900	ELECTROCARDIOLOGY	0	383,375	0	383,375	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	299,285	0	299,285	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	865,405	0	865,405	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,269,573	0	1,269,573	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,877,953	0	2,877,953	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	881,007	0	881,007	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	864,720	0	864,720	76.01
76.02	03951	FLU CLINIC	0	2,489	0	2,489	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	590,747	0	590,747	88.00
91.00	09100	EMERGENCY	0	2,959,593	0	2,959,593	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	1,378,560	0	1,378,560	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
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To 06/30/2014

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Cost Center Description			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	1,879,318	0	1,879,318	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	1,586,168	0	1,586,168	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	149,918	47,579,932	0	47,579,932	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	26,253	0	26,253	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	464,708	0	464,708	192.00
194.00	07950	DAY HEALTH	0	508,472	0	508,472	194.00
194.01	07962	OUTREACH	0	299,268	0	299,268	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	229,889	0	229,889	194.03
194.04	07953	OUTSIDE LAUNDRY	0	298,190	0	298,190	194.04
194.05	07954	PHYSICIAN SUPPORT	0	667,168	0	667,168	194.05
194.06	07955	HOSPITALITY HOUSE	0	46,921	0	46,921	194.06
194.07	07956	HSK DIALYSIS	0	16,045	0	16,045	194.07
194.08	07957	LEASED SALARIES	0	42,083	0	42,083	194.08
194.09	07958	VISITING PHYSICIANS	0	20,487	0	20,487	194.09
194.10	07959	FARM LAND	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	500,679	0	500,679	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	10,021,102	0	10,021,102	194.12
194.13	07961	VALET PARKING SERVICE	0	28,765	0	28,765	194.13
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	149,918	60,749,962	0	60,749,962	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

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Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
		1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-HOSPITAL					1.01
1.02 00102	CAP REL COSTS-HSB I					1.02
1.03 00103	CAP REL COSTS-HSB II					1.03
1.04 00104	CAP REL COSTS-REHAB CNT					1.04
1.05 00105	CAP REL COSTS-DIAYSIS					1.05
1.06 00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07 00107	CAP REL COSTS-MAB					1.07
1.08 00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09 00109	CAP REL COSTS-CONVENIENCE CARE CLINI					1.09
1.10 00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	27,201	0	0
5.00 00500	ADMINISTRATIVE & GENERAL	0	0	1,041,917	76,056	97,106
6.00 00600	MAINTENANCE & REPAIRS	0	0	281,107	0	0
6.01 00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	8,975	0
6.02 00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	37,408
6.03 00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0
6.04 00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0
6.05 00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	85,379	0	0
9.00 00900	HOUSEKEEPING	0	0	45,394	0	0
9.01 00901	HOUSEKEEPING-HSB	0	0	0	0	0
9.02 00902	HOUSEKEEPING-HSB II	0	0	0	0	0
9.03 00903	HOUSEKEEPING-ORTHO	0	0	0	0	0
9.04 00904	HOUSEKEEPING-MAB	0	0	0	0	0
10.00 01000	DIETARY	0	0	59,281	0	0
11.00 01100	CAFETERIA	0	0	149,650	0	0
13.00 01300	NURSING ADMINISTRATION	0	0	1,325	0	0
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	141,370	0	0
15.00 01500	PHARMACY	0	0	34,377	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	84,253	0	0
17.00 01700	SOCIAL SERVICE	0	0	10,112	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00 02300	PARAMED PRGM	0	0	5,630	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	598,511	0	0
31.00 03100	INTENSIVE CARE UNIT	0	0	95,689	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	0	0	20,864	0	0
44.00 04400	SKILLED NURSING FACILITY	0	0	61,909	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	180,008	0	0
51.00 05100	RECOVERY ROOM	0	0	58,950	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	44,511	0	0
53.00 05300	ANESTHESIOLOGY	0	0	7,065	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	221,119	0	0
57.00 05700	CT SCAN	0	0	10,046	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	0	0	200,674	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	0	80,234	0	0
66.00 06600	PHYSICAL THERAPY	0	0	93,062	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	3,091	0	0
69.00 06900	ELECTROCARDIOLOGY	0	0	3,091	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	4,769	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	13,863	0
76.01 03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	18,259	0	0
76.02 03951	FLU CLINIC	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
91.00 09100	EMERGENCY	0	0	114,456	0	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II		
		1.00	1.01	1.02	1.03		
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	0	29,806	0	0	95.00
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	3,813,110	98,894	134,514	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	11,128	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	119,748	0	192.00
194.00 07950	DAY HEALTH	0	0	0	13,576	0	194.00
194.01 07962	OUTREACH	0	0	0	1,979	0	194.01
194.02 07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03 07952	FUND DEVELOPMENT	0	0	2,760	0	0	194.03
194.04 07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05 07954	PHYSICIAN SUPPORT	0	0	0	3,893	0	194.05
194.06 07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07 07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08 07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09 07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10 07959	FARM LAND	0	0	0	0	0	194.10
194.11 07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12 07960	MMG-PHYSICIAN OFFICES	0	0	0	18,897	115,845	194.12
194.13 07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers			0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	0	3,826,998	256,987	250,359	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 11/22/2014 10:51 am
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Cost Center Description		CAPITAL RELATED COSTS						
		CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG		
		1.04	1.05	1.06	1.07	1.08		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	33,416	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
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
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
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
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	46,225	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
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
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description			CAPITAL RELATED COSTS					
			CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
			1.04	1.05	1.06	1.07	1.08	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	16,806	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	10,209	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	46,225	0	0	27,015	33,416	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	46,485	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	13,336	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	0	33,417	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	46,225	0	13,336	73,500	66,833	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
	CONVENIENCE CARE CLINIC	BUSHNELL OFFICE BLDG				
	1.09	1.10				
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-HOSPITAL				1.01
1.02	00102	CAP REL COSTS-HSB I				1.02
1.03	00103	CAP REL COSTS-HSB II				1.03
1.04	00104	CAP REL COSTS-REHAB CNT				1.04
1.05	00105	CAP REL COSTS-DIAYSIS				1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE				1.06
1.07	00107	CAP REL COSTS-MAB				1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG				1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINIC				1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG				1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		60,617		4.00
5.00	00500	ADMINISTRATIVE & GENERAL			7,400	5.00
6.00	00600	MAINTENANCE & REPAIRS		281,107	1,126	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I		8,975	38	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II		37,408	23	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC		0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB		0	5	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG		0	3	6.05
8.00	00800	LAUNDRY & LINEN SERVICE		85,379	397	8.00
9.00	00900	HOUSEKEEPING		45,394	874	9.00
9.01	00901	HOUSEKEEPING-HSB		0	185	9.01
9.02	00902	HOUSEKEEPING-HSB II		0	59	9.02
9.03	00903	HOUSEKEEPING-ORTHO		0	8	9.03
9.04	00904	HOUSEKEEPING-MAB		0	8	9.04
10.00	01000	DIETARY		59,281	667	10.00
11.00	01100	CAFETERIA		149,650	520	11.00
13.00	01300	NURSING ADMINISTRATION		1,325	938	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		141,370	459	14.00
15.00	01500	PHARMACY		34,377	1,083	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		84,253	1,408	16.00
17.00	01700	SOCIAL SERVICE		10,112	805	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		0	0	19.00
23.00	02300	PARAMED PRGM		5,630	157	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		598,511	5,367	30.00
31.00	03100	INTENSIVE CARE UNIT		95,689	1,325	31.00
41.00	04100	SUBPROVIDER - IRF		0	0	41.00
42.00	04200	SUBPROVIDER		0	0	42.00
43.00	04300	NURSERY		20,864	609	43.00
44.00	04400	SKILLED NURSING FACILITY		61,909	1,431	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		180,008	2,154	50.00
51.00	05100	RECOVERY ROOM		58,950	955	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		44,511	596	52.00
53.00	05300	ANESTHESIOLOGY		7,065	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		221,119	1,485	54.00
57.00	05700	CT SCAN		10,046	846	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	59.00
60.00	06000	LABORATORY		200,674	3,366	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	63.00
65.00	06500	RESPIRATORY THERAPY		80,234	573	65.00
66.00	06600	PHYSICAL THERAPY		139,287	3,083	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	67.00
68.00	06800	SPEECH PATHOLOGY		3,091	298	68.00
69.00	06900	ELECTROCARDIOLOGY		3,091	415	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		4,769	349	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		13,863	1,024	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR		18,259	969	76.01
76.02	03951	FLU CLINIC		0	3	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC		889	662	88.00
91.00	09100	EMERGENCY		0	1,910	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		114,456	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES		29,806	1,464	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

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Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
			CONVENIENCE CARE CLINIC	BUSHNELL OFFICE BLDG				
			1.09	1.10				
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	16,806	2,134	36,761	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	10,209	937	31,353	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	889	4,154,063	48,118	984,487	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	11,128	0	266	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	166,233	0	3,967	192.00
194.00	07950	DAY HEALTH	0	0	13,576	252	4,902	194.00
194.01	07962	OUTREACH	0	0	1,979	307	5,701	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	2,760	235	4,472	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	3,893	178	13,214	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	13,336	31	919	194.06
194.07	07956	HSK DIALYSIS	0	0	0	19	303	194.07
194.08	07957	LEASED SALARIES	0	0	0	53	827	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	7	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	25,312	0	25,312	435	9,858	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	168,159	10,955	193,016	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	34	540	194.13
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 118-201)	25,312	889	4,560,439	60,617	1,222,479	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140089		Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 11/22/2014 10:51 am	
Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
			6.00	6.01	6.02	6.03	6.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	332,588					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	13,033				6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	40,976			6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	191		6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	460	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	11,465	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	6,096	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	7,960	0	0	0	0	10.00
11.00	01100	CAFETERIA	20,095	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	178	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,984	0	0	0	0	14.00
15.00	01500	PHARMACY	4,616	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,314	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,358	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM	756	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	80,370	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	12,849	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,802	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	8,313	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,172	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	7,916	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,977	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	949	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,692	0	0	0	0	54.00
57.00	05700	CT SCAN	1,349	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	26,947	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	10,774	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	12,497	0	0	191	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	415	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	415	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	640	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,051	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	2,452	0	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	15,370	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	4,002	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	105	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description		MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSBI	MAINTENANCE & REPAIRS-HSBI I	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB		
		6.00	6.01	6.02	6.03	6.04		
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	64	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	330,723	1,051	0	191	169	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,494	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	9,076	0	0	291	192.00
194.00	07950	DAY HEALTH	0	1,029	0	0	0	194.00
194.01	07962	OUTREACH	0	150	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	371	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	295	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	1,432	40,976	0	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	332,588	13,033	40,976	191	460	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 11/22/2014 10:51 am
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Cost Center Description		MAINTENANCE & REPAIRS-ORTHO BLDG 6.05	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING-HSB 9.01	HOUSEKEEPING-HSB II 9.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	269				6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	108,008			8.00
9.00	00900	HOUSEKEEPING	0	7,627	77,022		9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	3,377	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	1,118	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	9.04
10.00	01000	DIETARY	0	96	1,320	0	10.00
11.00	01100	CAFETERIA	0	289	6,585	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	609	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,340	0	14.00
15.00	01500	PHARMACY	0	0	310	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	273	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	82	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	10,925	20,664	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,076	2,465	0	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	527	378	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,513	5,409	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	11,567	5,722	0	50.00
51.00	05100	RECOVERY ROOM	0	3,651	2,609	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	593	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,724	3,228	0	54.00
57.00	05700	CT SCAN	0	0	1,132	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	551	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	234	3,980	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	455	1,736	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,571	5,801	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	628	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	120	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	529	553	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	272	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	645	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	5,815	7,901	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	941	41	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS-ORTHO BLDG 6.05	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING-H SB 9.01	HOUSEKEEPING-H SB II 9.02	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	56,091	75,124	272	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	149	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	2,352	192.00
194.00	07950	DAY HEALTH	0	31	0	267	194.00
194.01	07962	OUTREACH	0	0	92	39	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	51,837	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	76	194.05
194.06	07955	HOSPITALITY HOUSE	0	49	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	1,657	0	194.09
194.10	07959	FARM LAND	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	269	0	0	371	1,118 194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	194.13
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	269	108,008	77,022	3,377	1,118 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 11/22/2014 10:51 am
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Cost Center Description		HOUSEKEEPING-OR RTHO	HOUSEKEEPING-M AB	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.03	9.04	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-HSB					9.01
9.02	00902	HOUSEKEEPING-HSB II					9.02
9.03	00903	HOUSEKEEPING-ORTHO	151				9.03
9.04	00904	HOUSEKEEPING-MAB	0	127			9.04
10.00	01000	DIETARY	0	0	84,792		10.00
11.00	01100	CAFETERIA	0	0	0	192,235	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	3,081	21,445
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,650	0
15.00	01500	PHARMACY	0	0	0	3,271	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	8,059	0
17.00	01700	SOCIAL SERVICE	0	0	0	3,508	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	PARAMED PRGM	0	0	0	474	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	43,185	22,566	10,438
31.00	03100	INTENSIVE CARE UNIT	0	0	6,582	5,404	2,500
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	2,418	1,118
44.00	04400	SKILLED NURSING FACILITY	0	0	12,123	7,158	3,311
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	9,055	0
51.00	05100	RECOVERY ROOM	0	0	0	3,745	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,370	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	8,154	0
57.00	05700	CT SCAN	0	0	0	2,892	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	15,123	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,513	0
66.00	06600	PHYSICAL THERAPY	0	0	0	11,425	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,043	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,849	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,517	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	5,262	0
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	3,508	0
76.02	03951	FLU CLINIC	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	2,465	0
91.00	09100	EMERGENCY	0	0	0	8,818	4,078
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	9,387	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	29	0	7,680	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		HOUSEKEEPING-O	HOUSEKEEPING-M	DIETARY	CAFETERIA	NURSING	
		RTHO	AB	10.00	11.00	ADMINISTRATION	
		9.03	9.04			13.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	18	0	3,887	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	47	61,890	160,282	21,445 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	80	0	0	0 192.00
194.00	07950	DAY HEALTH	0	0	22,902	1,470	0 194.00
194.01	07962	OUTREACH	0	0	0	1,801	0 194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0 194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	948	0 194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0 194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	474	0 194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	190	0 194.06
194.07	07956	HSK DIALYSIS	0	0	0	190	0 194.07
194.08	07957	LEASED SALARIES	0	0	0	190	0 194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0 194.09
194.10	07959	FARM LAND	0	0	0	0	0 194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	1,754	0 194.11
194.12	07960	MMG-PHYSICIAN OFFICES	151	0	0	24,557	0 194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	379	0 194.13
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	151	127	84,792	192,235	21,445 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 11/22/2014 10:51 am
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-HSB					9.01
9.02	00902	HOUSEKEEPING-HSB II					9.02
9.03	00903	HOUSEKEEPING-ORTHO					9.03
9.04	00904	HOUSEKEEPING-MAB					9.04
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	181,645				14.00
15.00	01500	PHARMACY	0	100,196			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	132,169		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	29,359	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,002	0	109,831	18,580	30.00
31.00	03100	INTENSIVE CARE UNIT	2,093	0	1,983	4,533	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	1,322	395	43.00
44.00	04400	SKILLED NURSING FACILITY	1,854	0	7,534	4,797	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,472	0	0	0	50.00
51.00	05100	RECOVERY ROOM	11,480	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,169	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,315	0	0	0	54.00
57.00	05700	CT SCAN	1,734	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	9,626	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,256	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	897	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	120	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,646	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	50,880	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	299	100,196	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	60	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	1,136	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
91.00	09100	EMERGENCY	9,686	0	11,499	1,054	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	60	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	1,315	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	837	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	177,937	100,196	132,169	29,359	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	DAY HEALTH	120	0	0	0	194.00
194.01	07962	OUTREACH	299	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	359	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	2,930	0	0	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	194.13
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 118-201)	181,645	100,196	132,169	29,359	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 11/22/2014 10:51 am
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Cost Center Description		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-HOSPITAL				1.01
1.02	00102	CAP REL COSTS-HSB I				1.02
1.03	00103	CAP REL COSTS-HSB II				1.03
1.04	00104	CAP REL COSTS-REHAB CNT				1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS				1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE				1.06
1.07	00107	CAP REL COSTS-MAB				1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG				1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI				1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG				1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I				6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II				6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC				6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB				6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG				6.05
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING-HSB				9.01
9.02	00902	HOUSEKEEPING-HSB II				9.02
9.03	00903	HOUSEKEEPING-ORTHO				9.03
9.04	00904	HOUSEKEEPING-MAB				9.04
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
23.00	02300	PARAMED PRGM	9,871			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		1,029,694	0	1,029,694
31.00	03100	INTENSIVE CARE UNIT		160,526	0	160,526
41.00	04100	SUBPROVIDER - IRF		0	0	0
42.00	04200	SUBPROVIDER		0	0	0
43.00	04300	NURSERY		40,436	0	40,436
44.00	04400	SKILLED NURSING FACILITY		144,082	0	144,082
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		328,349	0	328,349
51.00	05100	RECOVERY ROOM		110,323	0	110,323
52.00	05200	DELIVERY ROOM & LABOR ROOM		64,547	0	64,547
53.00	05300	ANESTHESIOLOGY		14,934	0	14,934
54.00	05400	RADIOLOGY-DIAGNOSTIC		308,026	0	308,026
57.00	05700	CT SCAN		36,002	0	36,002
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		13,067	0	13,067
59.00	05900	CARDIAC CATHETERIZATION		0	0	0
60.00	06000	LABORATORY		362,227	0	362,227
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		5,930	0	5,930
65.00	06500	RESPIRATORY THERAPY		109,772	0	109,772
66.00	06600	PHYSICAL THERAPY		229,992	0	229,992
67.00	06700	OCCUPATIONAL THERAPY		0	0	0
68.00	06800	SPEECH PATHOLOGY		9,274	0	9,274
69.00	06900	ELECTROCARDIOLOGY		13,430	0	13,430
70.00	07000	ELECTROENCEPHALOGRAPHY		13,930	0	13,930
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		46,706	0	46,706
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		71,200	0	71,200
73.00	07300	DRUGS CHARGED TO PATIENTS		100,728	0	100,728
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		38,132	0	38,132
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR		43,363	0	43,363
76.02	03951	FLU CLINIC		53	0	53
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC		15,650	0	15,650
91.00	09100	EMERGENCY		227,233	0	227,233
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES		71,745	0	71,745

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
99.10	09910	CORF		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY		64,830	0	64,830	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE		47,305	0	47,305	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	3,721,486	0	3,721,486	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		13,037	0	13,037	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		181,999	0	181,999	192.00
194.00	07950	DAY HEALTH		44,549	0	44,549	194.00
194.01	07962	OUTREACH		10,368	0	10,368	194.01
194.02	07951	OCCUPATIONAL MEDICINE		0	0	0	194.02
194.03	07952	FUND DEVELOPMENT		8,786	0	8,786	194.03
194.04	07953	OUTSIDE LAUNDRY		51,837	0	51,837	194.04
194.05	07954	PHYSICIAN SUPPORT		18,130	0	18,130	194.05
194.06	07955	HOSPITALITY HOUSE		14,525	0	14,525	194.06
194.07	07956	HSK DIALYSIS		512	0	512	194.07
194.08	07957	LEASED SALARIES		1,070	0	1,070	194.08
194.09	07958	VISITING PHYSICIANS		1,664	0	1,664	194.09
194.10	07959	FARM LAND		0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC		37,718	0	37,718	194.11
194.12	07960	MMG-PHYSICIAN OFFICES		443,934	0	443,934	194.12
194.13	07961	VALET PARKING SERVICE		953	0	953	194.13
200.00		Cross Foot Adjustments	9,871	9,871	0	9,871	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	9,871	4,560,439	0	4,560,439	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1
Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description		CAPITAL RELATED COSTS					
		NEW BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HOSPITAL (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)	CAP REL COSTS-REHAB CNT (PER CENT)	
		1.00	1.01	1.02	1.03	1.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	173,334				1.00
1.01	00101	CAP REL COSTS-HOSPITAL	0	173,334			1.01
1.02	00102	CAP REL COSTS-HSB I	0	0	47,531		1.02
1.03	00103	CAP REL COSTS-HSB II	0	0	0	21,564	1.03
1.04	00104	CAP REL COSTS-REHAB CNT	0	0	0	0	100
1.05	00105	CAP REL COSTS-DIAGNOSIS	0	0	0	0	0
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	0	0
1.07	00107	CAP REL COSTS-MAB	0	0	0	0	0
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	0	0
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINIC	0	0	0	0	0
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,232	1,232	0	0	0
5.00	00500	ADMINISTRATIVE & GENERAL	47,191	47,191	14,067	8,364	0
6.00	00600	MAINTENANCE & REPAIRS	12,732	12,732	0	0	0
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	1,660	0	0
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	3,222	0
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	3,867	3,867	0	0	0
9.00	00900	HOUSEKEEPING	2,056	2,056	0	0	0
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0
10.00	01000	DIETARY	2,685	2,685	0	0	0
11.00	01100	CAFETERIA	6,778	6,778	0	0	0
13.00	01300	NURSING ADMINISTRATION	60	60	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	6,403	6,403	0	0	0
15.00	01500	PHARMACY	1,557	1,557	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	3,816	3,816	0	0	0
17.00	01700	SOCIAL SERVICE	458	458	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	PARAMEDICAL PRGM	255	255	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,108	27,108	0	0	0
31.00	03100	INTENSIVE CARE UNIT	4,334	4,334	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	945	945	0	0	0
44.00	04400	SKILLED NURSING FACILITY	2,804	2,804	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,153	8,153	0	0	0
51.00	05100	RECOVERY ROOM	2,670	2,670	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,016	2,016	0	0	0
53.00	05300	ANESTHESIOLOGY	320	320	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,015	10,015	0	0	0
57.00	05700	CT SCAN	455	455	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	9,089	9,089	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	3,634	3,634	0	0	0
66.00	06600	PHYSICAL THERAPY	4,215	4,215	0	0	100
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	140	140	0	0	0
69.00	06900	ELECTROCARDIOLOGY	140	140	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	216	216	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2,564	0	0
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	827	827	0	0	0
76.02	03951	FLU CLINIC	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	5,184	5,184	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS						
		NEW BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HOSPITAL (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)	CAP REL COSTS-REHAB CNT (PER CENT)		
		1.00	1.01	1.02	1.03	1.04		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,350	1,350	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	172,705	172,705	18,291	11,586	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	504	504	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	22,148	0	0	192.00
194.00	07950	DAY HEALTH	0	0	2,511	0	0	194.00
194.01	07962	OUTREACH	0	0	366	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	125	125	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	720	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	3,495	9,978	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
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)	0	3,826,998	256,987	250,359	46,225	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	22.078750	5.406724	11.610045	462.250000	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1
Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description		CAPITAL RELATED COSTS					
		CAP REL COSTS-DIAYSIS (PER CENT)	CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLINI (PER CENT)	
		1.05	1.06	1.07	1.08	1.09	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS	0				1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	100			1.06
1.07	00107	CAP REL COSTS-MAB	0	0	7,588		1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	7,296	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI	0	0	0	0	100
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	3,648	0
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	0	0
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	0
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	0	0	0	0	0
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0
10.00	01000	DIETARY	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	PARAMEDICAL PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0
76.02	03951	FLU CLINIC	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS						
		CAP REL COSTS-DI AYSIS (PER CENT)	CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLINI (PER CENT)		
		1.05	1.06	1.07	1.08	1.09		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	1,735	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	1,054	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	2,789	3,648	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	4,799	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	100	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	100	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	3,648	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
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)	0	13,336	73,500	66,833	25,312	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	133.360000	9.686347	9.160225	253.120000	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
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To 06/30/2014

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BUSHNELL OFFICE BLDG (PER CENT)						
	1.10		4.00	5A	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01 00101 CAP REL COSTS-HOSPITAL							1.01
1.02 00102 CAP REL COSTS-HSB I							1.02
1.03 00103 CAP REL COSTS-HSB II							1.03
1.04 00104 CAP REL COSTS-REHAB CNT							1.04
1.05 00105 CAP REL COSTS-DIAYSIS							1.05
1.06 00106 CAP REL COSTS-HOSPITALITY HOUSE							1.06
1.07 00107 CAP REL COSTS-MAB							1.07
1.08 00108 CAP REL COSTS-ORTHO BLDG							1.08
1.09 00109 CAP REL COSTS-CONVENIENCE CARE CLINI							1.09
1.10 00110 CAP REL COSTS-BUSHNELL OFFICE BLDG	100						1.10
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0		31,939,386				4.00
5.00 00500 ADMINISTRATIVE & GENERAL	0		3,898,823	-9,518,430	51,231,532		5.00
6.00 00600 MAINTENANCE & REPAIRS	0		593,470	0	2,110,271	112,179	6.00
6.01 00601 MAINTENANCE & REPAIRS-HSB I	0		19,952	0	168,448	0	6.01
6.02 00602 MAINTENANCE & REPAIRS-HSB II	0		12,000	0	148,567	0	6.02
6.03 00603 MAINTENANCE & REPAIRS-REHAB CLINIC	0		0	0	7,995	0	6.03
6.04 00604 MAINTENANCE & REPAIRS-MAB	0		2,596	0	19,049	0	6.04
6.05 00605 MAINTENANCE & REPAIRS-ORTHO BLDG	0		1,392	0	11,161	0	6.05
8.00 00800 LAUNDRY & LINEN SERVICE	0		209,391	0	451,235	3,867	8.00
9.00 00900 HOUSEKEEPING	0		460,475	0	713,727	2,056	9.00
9.01 00901 HOUSEKEEPING-HSB	0		97,680	0	133,773	0	9.01
9.02 00902 HOUSEKEEPING-HSB II	0		31,031	0	44,379	0	9.02
9.03 00903 HOUSEKEEPING-ORTHO	0		4,406	0	5,986	0	9.03
9.04 00904 HOUSEKEEPING-MAB	0		4,016	0	4,985	0	9.04
10.00 01000 DIETARY	0		351,570	0	648,231	2,685	10.00
11.00 01100 CAFETERIA	0		274,196	0	632,620	6,778	11.00
13.00 01300 NURSING ADMINISTRATION	0		494,237	0	641,785	60	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0		241,656	0	621,994	6,403	14.00
15.00 01500 PHARMACY	0		570,794	0	2,369,417	1,557	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0		741,921	0	1,125,742	3,816	16.00
17.00 01700 SOCIAL SERVICE	0		424,160	0	565,514	458	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0		0	0	0	0	19.00
23.00 02300 PARAMEDICAL PRGM	0		82,936	0	119,588	255	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0		2,827,553	0	4,117,643	27,108	30.00
31.00 03100 INTENSIVE CARE UNIT	0		698,015	0	1,006,912	4,334	31.00
41.00 04100 SUBPROVIDER - IRF	0		0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0		0	0	0	0	42.00
43.00 04300 NURSERY	0		320,886	0	419,208	945	43.00
44.00 04400 SKILLED NURSING FACILITY	0		753,689	0	1,120,206	2,804	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0		1,134,705	0	2,480,900	8,153	50.00
51.00 05100 RECOVERY ROOM	0		503,054	0	880,783	2,670	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0		314,089	0	440,036	2,016	52.00
53.00 05300 ANESTHESIOLOGY	0		0	0	157,216	320	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0		782,656	0	1,647,342	10,015	54.00
57.00 05700 CT SCAN	0		445,562	0	754,473	455	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	524,507	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0		0	0	0	0	59.00
60.00 06000 LABORATORY	0		1,773,664	0	4,286,178	9,089	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0		0	0	248,518	0	63.00
65.00 06500 RESPIRATORY THERAPY	0		301,966	0	512,559	3,634	65.00
66.00 06600 PHYSICAL THERAPY	0		1,624,119	0	2,189,254	4,215	66.00
67.00 06700 OCCUPATIONAL THERAPY	0		0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0		156,942	0	159,197	140	68.00
69.00 06900 ELECTROCARDIOLOGY	0		218,822	0	310,956	140	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0		184,059	0	233,555	216	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	589,238	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0		0	0	851,554	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0		0	0	9,750	0	73.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		539,614	0	695,654	0	76.00
76.01 03950 DIABETES/WOUND CARE/COUMADIN CNTR	0		510,580	0	687,049	827	76.01
76.02 03951 FLU CLINIC	0		1,691	0	2,099	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	100		348,944	0	487,557	0	88.00
91.00 09100 EMERGENCY	0		1,006,460	0	1,954,808	5,184	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BUSHNELL OFFICE BLDG (PER CENT)						
	1.10	4.00		5A	5.00	6.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	771,196	0	1,091,449	1,350	95.00
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	1,124,237	0	1,540,583	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE						113.00
116.00 11600	HOSPICE	0	493,940	0	1,313,937	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	25,353,145	-9,518,430	41,257,588	111,550	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	11,128	504	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	166,233	0	192.00
194.00 07950	DAY HEALTH	0	132,635	0	205,432	0	194.00
194.01 07962	OUTREACH	0	161,754	0	238,901	0	194.01
194.02 07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03 07952	FUND DEVELOPMENT	0	123,963	0	187,429	125	194.03
194.04 07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05 07954	PHYSICIAN SUPPORT	0	93,955	0	553,749	0	194.05
194.06 07955	HOSPITALITY HOUSE	0	16,413	0	38,513	0	194.06
194.07 07956	HSK DIALYSIS	0	9,994	0	12,713	0	194.07
194.08 07957	LEASED SALARIES	0	27,929	0	34,671	0	194.08
194.09 07958	VISITING PHYSICIANS	0	0	0	290	0	194.09
194.10 07959	FARM LAND	0	0	0	0	0	194.10
194.11 07963	CONVENIENCE CARE CLINIC	0	229,415	0	413,122	0	194.11
194.12 07960	MMG-PHYSICIAN OFFICES	0	5,772,217	0	8,089,140	0	194.12
194.13 07961	VALET PARKING SERVICE	0	17,966	0	22,623	0	194.13
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)	889	7,709,806		9,518,430	2,502,342	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.890000	0.241389		0.185792	22.306688	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		60,617		1,222,479	332,588	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.001898		0.023862	2.964797	205.00

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description		MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	
		6.01	6.02	6.03	6.04	6.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.04	00104						1.04
1.05	00105						1.05
1.06	00106						1.06
1.07	00107						1.07
1.08	00108						1.08
1.09	00109						1.09
1.10	00110						1.10
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
6.01	00601	31,804					6.01
6.02	00602	0	9,978				6.02
6.03	00603	0	0	100			6.03
6.04	00604	0	0	0	7,588		6.04
6.05	00605	0	0	0	0	3,648	6.05
8.00	00800	0	0	0	0	0	8.00
9.00	00900	0	0	0	0	0	9.00
9.01	00901	0	0	0	0	0	9.01
9.02	00902	0	0	0	0	0	9.02
9.03	00903	0	0	0	0	0	9.03
9.04	00904	0	0	0	0	0	9.04
10.00	01000	0	0	0	0	0	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	0	0	0	0	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	0	0	0	30.00
31.00	03100	0	0	0	0	0	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	0	0	0	0	54.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	100	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03550	2,564	0	0	0	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.02	03951	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	
			6.01	6.02	6.03	6.04	6.05	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,735	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	1,054	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,564	0	100	2,789	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	22,148	0	0	4,799	0	192.00
194.00	07950	DAY HEALTH	2,511	0	0	0	0	194.00
194.01	07962	OUTREACH	366	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	720	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	3,495	9,978	0	0	3,648	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
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)	199,744	176,170	9,480	22,588	13,235	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.280468	17.655843	94.800000	2.976805	3.628015	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	13,033	40,976	191	460	269	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.409791	4.106635	1.910000	0.060622	0.073739	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING-H SB (SQUARE FEET)	HOUSEKEEPING-H SB II (SQUARE FEET)	HOUSEKEEPING-O RTHO (SQUARE FEET)	
		8.00	9.00	9.01	9.02	9.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
8.00	00800	LAUNDRY & LINEN SERVICE	52,692				8.00
9.00	00900	HOUSEKEEPING	3,721	188,205			9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	31,804		9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	9,978	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	3,648	9.04
10.00	01000	DIETARY	47	3,225	0	0	10.00
11.00	01100	CAFETERIA	141	16,091	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,488	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,717	0	0	14.00
15.00	01500	PHARMACY	0	758	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	666	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	200	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,330	50,496	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	525	6,023	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	257	923	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,714	13,216	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,643	13,981	0	0	50.00
51.00	05100	RECOVERY ROOM	1,781	6,375	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,450	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,817	7,888	0	0	54.00
57.00	05700	CT SCAN	0	2,767	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	269	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	114	9,725	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	222	4,242	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,230	14,175	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,534	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	293	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	258	1,351	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2,564	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	1,575	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
91.00	09100	EMERGENCY	2,837	19,306	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	459	100	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

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Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING-H SB (SQUARE FEET)	HOUSEKEEPING-H SB II (SQUARE FEET)	HOUSEKEEPING-O RTHO (SQUARE FEET)	
		8.00	9.00	9.01	9.02	9.03	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	27,365	183,565	2,564	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEN	0	365	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	22,148	0	0	192.00
194.00	07950 DAY HEALTH	15	0	2,511	0	0	194.00
194.01	07962 OUTREACH	0	225	366	0	0	194.01
194.02	07951 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952 FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953 OUTSIDE LAUNDRY	25,288	0	0	0	0	194.04
194.05	07954 PHYSICIAN SUPPORT	0	0	720	0	0	194.05
194.06	07955 HOSPITALITY HOUSE	24	0	0	0	0	194.06
194.07	07956 HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957 LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958 VISITING PHYSICIANS	0	4,050	0	0	0	194.09
194.10	07959 FARM LAND	0	0	0	0	0	194.10
194.11	07963 CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960 MMG-PHYSICIAN OFFICES	0	0	3,495	9,978	3,648	194.12
194.13	07961 VALET PARKING SERVICE	0	0	0	0	0	194.13
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)	621,331	936,072	158,627	52,624	7,098	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.791752	4.973683	4.987643	5.274003	1.945724	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	108,008	77,022	3,377	1,118	151	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.049799	0.409245	0.106182	0.112047	0.041393	205.00

COST ALLOCATION - STATISTICAL BASIS

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Period:
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Cost Center Description		HOUSEKEEPING-M AB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.04	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.04	00104						1.04
1.05	00105						1.05
1.06	00106						1.06
1.07	00107						1.07
1.08	00108						1.08
1.09	00109						1.09
1.10	00110						1.10
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
6.03	00603						6.03
6.04	00604						6.04
6.05	00605						6.05
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
9.02	00902						9.02
9.03	00903						9.03
9.04	00904	7,588					9.04
10.00	01000		2,525				10.00
11.00	01100			4,055			11.00
13.00	01300			65	978		13.00
14.00	01400			77		3,038	14.00
15.00	01500			69			15.00
16.00	01600			170			16.00
17.00	01700			74			17.00
19.00	01900						19.00
23.00	02300			10			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000		1,286	476	476	184	30.00
31.00	03100		196	114	114	35	31.00
41.00	04100						41.00
42.00	04200						42.00
43.00	04300			51	51		43.00
44.00	04400		361	151	151	31	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000			191		610	50.00
51.00	05100			79		192	51.00
52.00	05200			50			52.00
53.00	05300					53	53.00
54.00	05400			172		22	54.00
57.00	05700			61		29	57.00
58.00	05800						58.00
59.00	05900						59.00
60.00	06000			319		161	60.00
63.00	06300						63.00
65.00	06500			53		21	65.00
66.00	06600			241		15	66.00
67.00	06700						67.00
68.00	06800			22			68.00
69.00	06900			39		2	69.00
70.00	07000			32			70.00
71.00	07100					546	71.00
72.00	07200					851	72.00
73.00	07300					5	73.00
76.00	03550			111		1	76.00
76.01	03950			74		19	76.01
76.02	03951						76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800			52			88.00
91.00	09100			186	186	162	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500			198		1	95.00

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Cost Center Description			HOUSEKEEPING- M AB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			9.04	10.00	11.00	13.00	14.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	1,735	0	162	0	22	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,054	0	82	0	14	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,789	1,843	3,381	978	2,976	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,799	0	0	0	0	192.00
194.00	07950	DAY HEALTH	0	682	31	0	2	194.00
194.01	07962	OUTREACH	0	0	38	0	5	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	20	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	10	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	4	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	4	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	4	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	37	0	6	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	518	0	49	194.12
194.13	07961	VALET PARKING SERVICE	0	0	8	0	0	194.13
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)	5,911	845,154	983,046	785,521	927,488	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.778993	334.714455	242.428113	803.191207	305.295589	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	127	84,792	192,235	21,445	181,645	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.016737	33.580990	47.406905	21.927403	59.790981	205.00

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Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.04	00104						1.04
1.05	00105						1.05
1.06	00106						1.06
1.07	00107						1.07
1.08	00108						1.08
1.09	00109						1.09
1.10	00110						1.10
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
6.03	00603						6.03
6.04	00604						6.04
6.05	00605						6.05
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
9.02	00902						9.02
9.03	00903						9.03
9.04	00904						9.04
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	100	1,000				16.00
17.00	01700	0	0	1,114			17.00
19.00	01900	0	0	0	0		19.00
23.00	02300	0	0	0		100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	831	705		0	30.00
31.00	03100	0	15	172		0	31.00
41.00	04100	0	0	0		0	41.00
42.00	04200	0	0	0		0	42.00
43.00	04300	0	10	15		0	43.00
44.00	04400	0	57	182		0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	0	0	0	100	54.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	100	0	0	0	0	73.00
76.00	03550	0	0	0	0	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.02	03951	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
91.00	09100	0	87	40	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	23.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	1,000	1,114	0	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	0	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
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)	2,864,866	1,464,543	699,733	0	149,918	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	28,648.660000	1,464.543000	628.126571	0.000000	1,499.180000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	100,196	132,169	29,359	0	9,871	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1,001.960000	132.169000	26.354578	0.000000	98.710000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet C
Part I
Date/Time Prepared:
11/22/2014 10:51 am

		Title XVII		Hospital		PPS	
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	8,445,557	8,445,557	0	8,445,557	30.00	
31.00	03100 INTENSIVE CARE UNIT	1,652,308	1,652,308	0	1,652,308	31.00	
41.00	04100 SUBPROVIDER - I RF	0	0	0	0	41.00	
42.00	04200 SUBPROVIDER	0	0	0	0	42.00	
43.00	04300 NURSERY	603,188	603,188	0	603,188	43.00	
44.00	04400 SKILLED NURSING FACILITY	1,962,805	1,962,805	0	1,962,805	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,492,309	3,492,309	0	3,492,309	50.00	
51.00	05100 RECOVERY ROOM	1,234,461	1,234,461	0	1,234,461	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	586,094	586,094	0	586,094	52.00	
53.00	05300 ANESTHESIOLOGY	209,744	209,744	35,705	245,449	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,435,797	2,435,797	0	2,435,797	54.00	
57.00	05700 CT SCAN	942,202	942,202	0	942,202	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	625,128	625,128	0	625,128	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000 LABORATORY	5,461,462	5,461,462	96,259	5,557,721	60.00	
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	294,691	294,691	0	294,691	63.00	
65.00	06500 RESPIRATORY THERAPY	731,827	731,827	0	731,827	65.00	
66.00	06600 PHYSICAL THERAPY	2,859,305	2,859,305	0	2,859,305	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	204,861	204,861	0	204,861	68.00	
69.00	06900 ELECTROCARDIOLOGY	383,375	383,375	0	383,375	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	299,285	299,285	0	299,285	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	865,405	865,405	0	865,405	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,269,573	1,269,573	0	1,269,573	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	2,877,953	2,877,953	0	2,877,953	73.00	
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	881,007	881,007	0	881,007	76.00	
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	864,720	864,720	0	864,720	76.01	
76.02	03951 FLU CLINIC	2,489	2,489	0	2,489	76.02	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	590,747	590,747	0	590,747	88.00	
91.00	09100 EMERGENCY	2,959,593	2,959,593	0	2,959,593	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,266,833	1,266,833	0	1,266,833	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	1,378,560	1,378,560	0	1,378,560	95.00	
99.10	09910 CORF	0	0	0	0	99.10	
101.00	10100 HOME HEALTH AGENCY	1,879,318	1,879,318	0	1,879,318	101.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00	
113.00	11300 INTEREST EXPENSE	0	0	0	0	113.00	
116.00	11600 HOSPICE	1,586,168	1,586,168	0	1,586,168	116.00	
200.00	Subtotal (see instructions)	48,846,765	48,846,765	131,964	48,978,729	200.00	
201.00	Less Observation Beds	1,266,833	1,266,833	0	1,266,833	201.00	
202.00	Total (see instructions)	47,579,932	47,579,932	131,964	47,711,896	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet C
Part I
Date/Time Prepared:
11/22/2014 10:51 am

		Title XVII			Hospital	PPS	
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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,269,003		5,269,003		30.00
31.00	03100	INTENSIVE CARE UNIT	1,736,861		1,736,861		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	765,140		765,140		43.00
44.00	04400	SKILLED NURSING FACILITY	1,779,159		1,779,159		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,390,526	8,690,583	11,081,109	0.315159	50.00
51.00	05100	RECOVERY ROOM	560,729	4,540,862	5,101,591	0.241976	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	333,260	1,800	335,060	1.749221	52.00
53.00	05300	ANESTHESIOLOGY	446,385	2,092,859	2,539,244	0.082601	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	715,563	7,059,823	7,775,386	0.313270	54.00
57.00	05700	CT SCAN	1,541,672	10,418,214	11,959,886	0.078780	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	188,737	4,516,582	4,705,319	0.132856	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	4,693,907	21,879,477	26,573,384	0.205524	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	322,008	354,854	676,862	0.435378	63.00
65.00	06500	RESPIRATORY THERAPY	864,042	942,155	1,806,197	0.405176	65.00
66.00	06600	PHYSICAL THERAPY	933,559	3,815,541	4,749,100	0.602073	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	85,134	348,370	433,504	0.472570	68.00
69.00	06900	ELECTROCARDIOLOGY	670,437	2,848,069	3,518,506	0.108960	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,988	1,008,189	1,022,177	0.292792	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,904,476	1,812,244	3,716,720	0.232841	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,546,576	1,141,251	2,687,827	0.472342	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,714,778	3,383,656	6,098,434	0.471917	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	150	805,045	805,195	1.094154	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	3,836	662,710	666,546	1.297315	76.01
76.02	03951	FLU CLINIC	0	17,812	17,812	0.139737	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	819,742	819,742		88.00
91.00	09100	EMERGENCY	1,538,360	9,647,752	11,186,112	0.264577	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	532,364	2,208,192	2,740,556	0.462254	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	2,683,287	2,683,287	0.513758	95.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	1,173,744	1,173,744		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	1,879,146	1,879,146		116.00
200.00		Subtotal (see instructions)	31,550,650	94,751,959	126,302,609		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	31,550,650	94,751,959	126,302,609		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 11/22/2014 10:51 am
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
41.00	04100	SUBPROVIDER - IRF		41.00
42.00	04200	SUBPROVIDER		42.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.315159	50.00
51.00	05100	RECOVERY ROOM	0.241976	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.749221	52.00
53.00	05300	ANESTHESIOLOGY	0.096662	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.313270	54.00
57.00	05700	CT SCAN	0.078780	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.132856	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.209146	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.435378	63.00
65.00	06500	RESPIRATORY THERAPY	0.405176	65.00
66.00	06600	PHYSICAL THERAPY	0.602073	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.472570	68.00
69.00	06900	ELECTROCARDIOLOGY	0.108960	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.292792	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.232841	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.472342	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.471917	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.094154	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	1.297315	76.01
76.02	03951	FLU CLINIC	0.139737	76.02
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC		88.00
91.00	09100	EMERGENCY	0.264577	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.462254	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0.513758	95.00
99.10	09910	CORF		99.10
101.00	10100	HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION		109.00
110.00	11000	INTESTINAL ACQUISITION		110.00
111.00	11100	ISLET ACQUISITION		111.00
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
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: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet C
Part I
Date/Time Prepared:
11/22/2014 10:51 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		8,445,557	0	8,445,557	30.00
31.00	03100 INTENSIVE CARE UNIT		1,652,308	0	1,652,308	31.00
41.00	04100 SUBPROVIDER - I RF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		603,188	0	603,188	43.00
44.00	04400 SKILLED NURSING FACILITY		1,962,805	0	1,962,805	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		3,492,309	0	3,492,309	50.00
51.00	05100 RECOVERY ROOM		1,234,461	0	1,234,461	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		586,094	0	586,094	52.00
53.00	05300 ANESTHESIOLOGY		209,744	35,705	245,449	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		2,435,797	0	2,435,797	54.00
57.00	05700 CT SCAN		942,202	0	942,202	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		625,128	0	625,128	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		5,461,462	96,259	5,557,721	60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.		294,691	0	294,691	63.00
65.00	06500 RESPIRATORY THERAPY	0	731,827	0	731,827	65.00
66.00	06600 PHYSICAL THERAPY	0	2,859,305	0	2,859,305	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	204,861	0	204,861	68.00
69.00	06900 ELECTROCARDIOLOGY		383,375	0	383,375	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		299,285	0	299,285	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		865,405	0	865,405	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		1,269,573	0	1,269,573	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		2,877,953	0	2,877,953	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		881,007	0	881,007	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR		864,720	0	864,720	76.01
76.02	03951 FLU CLINIC		2,489	0	2,489	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		590,747	0	590,747	88.00
91.00	09100 EMERGENCY		2,959,593	0	2,959,593	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,266,833	0	1,266,833	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		1,378,560	0	1,378,560	95.00
99.10	09910 CORF		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY		1,879,318	0	1,879,318	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE		1,586,168		1,586,168	116.00
200.00	Subtotal (see instructions)	0	48,846,765	131,964	48,978,729	200.00
201.00	Less Observation Beds		1,266,833		1,266,833	201.00
202.00	Total (see instructions)	0	47,579,932	131,964	47,711,896	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet C
Part I
Date/Time Prepared:
11/22/2014 10:51 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				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,269,003		5,269,003		30.00
31.00	03100	INTENSIVE CARE UNIT	1,736,861		1,736,861		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	765,140		765,140		43.00
44.00	04400	SKILLED NURSING FACILITY	1,779,159		1,779,159		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,390,526	8,690,583	11,081,109	0.315159	50.00
51.00	05100	RECOVERY ROOM	560,729	4,540,862	5,101,591	0.241976	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	333,260	1,800	335,060	1.749221	52.00
53.00	05300	ANESTHESIOLOGY	446,385	2,092,859	2,539,244	0.082601	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	715,563	7,059,823	7,775,386	0.313270	54.00
57.00	05700	CT SCAN	1,541,672	10,418,214	11,959,886	0.078780	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	188,737	4,516,582	4,705,319	0.132856	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	4,693,907	21,879,477	26,573,384	0.205524	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	322,008	354,854	676,862	0.435378	63.00
65.00	06500	RESPIRATORY THERAPY	864,042	942,155	1,806,197	0.405176	65.00
66.00	06600	PHYSICAL THERAPY	933,559	3,815,541	4,749,100	0.602073	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	85,134	348,370	433,504	0.472570	68.00
69.00	06900	ELECTROCARDIOLOGY	670,437	2,848,069	3,518,506	0.108960	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,988	1,008,189	1,022,177	0.292792	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,904,476	1,812,244	3,716,720	0.232841	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,546,576	1,141,251	2,687,827	0.472342	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,714,778	3,383,656	6,098,434	0.471917	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	150	805,045	805,195	1.094154	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	3,836	662,710	666,546	1.297315	76.01
76.02	03951	FLU CLINIC	0	17,812	17,812	0.139737	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	819,742	819,742	0.720650	88.00
91.00	09100	EMERGENCY	1,538,360	9,647,752	11,186,112	0.264577	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	532,364	2,208,192	2,740,556	0.462254	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	2,683,287	2,683,287	0.513758	95.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	1,173,744	1,173,744		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	1,879,146	1,879,146		116.00
200.00		Subtotal (see instructions)	31,550,650	94,751,959	126,302,609		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	31,550,650	94,751,959	126,302,609		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 11/22/2014 10:51 am
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital
				Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
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
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0.000000		76.01
76.02	03951 FLU CLINIC	0.000000		76.02
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part I Date/Time Prepared: 11/22/2014 10:51 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,029,694	0	1,029,694	5,000	205.94	30.00
31.00	INTENSIVE CARE UNIT	160,526		160,526	739	217.22	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	40,436		40,436	646	62.59	43.00
44.00	SKILLED NURSING FACILITY	144,082		144,082	1,983	72.66	44.00
200.00	Total (lines 30-199)	1,374,738		1,374,738	8,368		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,577	530,707				
31.00	INTENSIVE CARE UNIT	388	84,281				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	1,591	115,602				
200.00	Total (lines 30-199)	4,556	730,590				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part II Date/Time Prepared: 11/22/2014 10:51 am
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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	328,349	11,081,109	0.029631	1,044,713	30,956	50.00
51.00	05100 RECOVERY ROOM	110,323	5,101,591	0.021625	251,318	5,435	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	64,547	335,060	0.192643	0	0	52.00
53.00	05300 ANESTHESIOLOGY	14,934	2,539,244	0.005881	161,182	948	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	308,026	7,775,386	0.039616	451,499	17,887	54.00
57.00	05700 CT SCAN	36,002	11,959,886	0.003010	972,514	2,927	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	13,067	4,705,319	0.002777	122,111	339	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	362,227	26,573,384	0.013631	2,572,891	35,071	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	5,930	676,862	0.008761	234,467	2,054	63.00
65.00	06500 RESPIRATORY THERAPY	109,772	1,806,197	0.060775	463,360	28,161	65.00
66.00	06600 PHYSICAL THERAPY	229,992	4,749,100	0.048429	244,989	11,865	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	9,274	433,504	0.021393	47,696	1,020	68.00
69.00	06900 ELECTROCARDIOLOGY	13,430	3,518,506	0.003817	510,593	1,949	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	13,930	1,022,177	0.013628	10,760	147	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	46,706	3,716,720	0.012566	954,628	11,996	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	71,200	2,687,827	0.026490	963,060	25,511	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	100,728	6,098,434	0.016517	1,221,980	20,183	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	38,132	805,195	0.047357	150	7	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	43,363	666,546	0.065056	1,942	126	76.01
76.02	03951 FLU CLINIC	53	17,812	0.002976	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	15,650	819,742	0.019091	0	0	88.00
91.00	09100 EMERGENCY	227,233	11,186,112	0.020314	860,817	17,487	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	154,454	2,740,556	0.056359	141,110	7,953	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	2,317,322	111,016,269		11,231,780	222,022	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part III Date/Time Prepared: 11/22/2014 10:51 am
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Cost Center Description			Title XVIII		Hospital		PPS
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
			1.00	2.00	3.00	4.00	5.00
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
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
200.00		Total (lines 30-199)	0	0	0	0	0 200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,000	0.00	2,577	0	30.00
31.00	03100	INTENSIVE CARE UNIT	739	0.00	388	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	646	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,983	0.00	1,591	0	44.00
200.00		Total (lines 30-199)	8,368		4,556	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	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	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	149,918	0	149,918
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (Lines 50-199)	0	0	149,918	0	149,918

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet D
Part IV
Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital			
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	11,081,109	0.000000	0.000000	1,044,713	50.00
51.00	05100	RECOVERY ROOM	0	5,101,591	0.000000	0.000000	251,318	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	335,060	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,539,244	0.000000	0.000000	161,182	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	149,918	7,775,386	0.019281	0.019281	451,499	54.00
57.00	05700	CT SCAN	0	11,959,886	0.000000	0.000000	972,514	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,705,319	0.000000	0.000000	122,111	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	26,573,384	0.000000	0.000000	2,572,891	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	676,862	0.000000	0.000000	234,467	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,806,197	0.000000	0.000000	463,360	65.00
66.00	06600	PHYSICAL THERAPY	0	4,749,100	0.000000	0.000000	244,989	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	433,504	0.000000	0.000000	47,696	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,518,506	0.000000	0.000000	510,593	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,022,177	0.000000	0.000000	10,760	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,716,720	0.000000	0.000000	954,628	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,687,827	0.000000	0.000000	963,060	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,098,434	0.000000	0.000000	1,221,980	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	805,195	0.000000	0.000000	150	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	666,546	0.000000	0.000000	1,942	76.01
76.02	03951	FLU CLINIC	0	17,812	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	819,742	0.000000	0.000000	0	88.00
91.00	09100	EMERGENCY	0	11,186,112	0.000000	0.000000	860,817	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,740,556	0.000000	0.000000	141,110	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	149,918	111,016,269			11,231,780	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	2,975,599	0	50.00
51.00	05100 RECOVERY ROOM	0	1,276,609	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	630,169	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,705	1,841,277	35,502	54.00
57.00	05700 CT SCAN	0	3,673,459	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,207,261	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	2,368,086	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	216,757	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	436,386	0	65.00
66.00	06600 PHYSICAL THERAPY	0	284,507	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,097,639	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	255,601	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	478,314	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	388,236	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,493,627	0	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	110,160	0	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	294,007	0	76.01
76.02	03951 FLU CLINIC	0	12,483	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
91.00	09100 EMERGENCY	0	2,115,413	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	596,259	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	8,705	21,751,849	35,502	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet D
Part V
Date/Time Prepared:
11/22/2014 10:51 am

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	0.315159	2,975,599	0	0	937,787	50.00
51.00	05100	RECOVERY ROOM	0.241976	1,276,609	0	0	308,909	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.749221	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.082601	630,169	0	0	52,053	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.313270	1,841,277	0	0	576,817	54.00
57.00	05700	CT SCAN	0.078780	3,673,459	0	0	289,395	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.132856	1,207,261	0	0	160,392	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.205524	2,368,086	0	2,564	486,699	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.435378	216,757	0	0	94,371	63.00
65.00	06500	RESPIRATORY THERAPY	0.405176	436,386	0	0	176,813	65.00
66.00	06600	PHYSICAL THERAPY	0.602073	284,507	0	0	171,294	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.472570	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.108960	1,097,639	0	0	119,599	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.292792	255,601	0	0	74,838	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.232841	478,314	129	0	111,371	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.472342	388,236	0	0	183,380	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.471917	1,493,627	0	6,465	704,868	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.094154	110,160	0	0	120,532	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	1.297315	294,007	0	0	381,420	76.01
76.02	03951	FLU CLINIC	0.139737	12,483	0	0	1,744	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
91.00	09100	EMERGENCY	0.264577	2,115,413	0	0	559,690	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.462254	596,259	0	0	275,623	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.513758	0	0	0	0	95.00
200.00		Subtotal (see instructions)		21,751,849	129	9,029	5,787,595	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		21,751,849	129	9,029	5,787,595	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/22/2014 10:51 am
		Title XVIII	Hospital	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
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	527	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	30	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,051	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	0	76.01
76.02	03951 FLU CLINIC	0	0	76.02
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0		95.00
200.00	Subtotal (see instructions)	30	3,578	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	30	3,578	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140089
Component CCN: 145687

Period:
From 07/01/2013
To 06/30/2014

Worksheet D
Part IV
Date/Time Prepared:
11/22/2014 10:51 am
PPS

Title XVIII

Skilled Nursing Facility

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	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	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	149,918	149,918	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	149,918	149,918	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140089 Component CCN: 145687	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/22/2014 10:51 am PPS
		Title XVIII	Skilled Nursing Facility

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	11,081,109	0.000000	0.000000	604	50.00
51.00 05100 RECOVERY ROOM	0	5,101,591	0.000000	0.000000	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	335,060	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	2,539,244	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	149,918	7,775,386	0.019281	0.019281	30,086	54.00
57.00 05700 CT SCAN	0	11,959,886	0.000000	0.000000	9,894	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,705,319	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	26,573,384	0.000000	0.000000	362,990	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	676,862	0.000000	0.000000	10,067	63.00
65.00 06500 RESPIRATORY THERAPY	0	1,806,197	0.000000	0.000000	86,992	65.00
66.00 06600 PHYSICAL THERAPY	0	4,749,100	0.000000	0.000000	426,255	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	433,504	0.000000	0.000000	22,895	68.00
69.00 06900 ELECTROCARDIOLOGY	0	3,518,506	0.000000	0.000000	11,055	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,022,177	0.000000	0.000000	2,152	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,716,720	0.000000	0.000000	185,629	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	2,687,827	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	6,098,434	0.000000	0.000000	324,374	73.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	805,195	0.000000	0.000000	0	76.00
76.01 03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	666,546	0.000000	0.000000	144	76.01
76.02 03951 FLU CLINIC	0	17,812	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	819,742	0.000000	0.000000	0	88.00
91.00 09100 EMERGENCY	0	11,186,112	0.000000	0.000000	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,740,556	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	149,918	111,016,269			1,473,137	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140089 Component CCN: 145687	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/22/2014 10:51 am PPS
Title XVIII		Skilled Nursing Facility	

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	580	0	0	54.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	76.01
76.02	03951 FLU CLINIC	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	580	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/22/2014 10:51 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,000	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,000	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)		4,250	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)		2,577	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		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	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)		8,445,557	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)		8,445,557	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)		8,445,557	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)		1,689.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,352,836	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)		4,352,836	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140089		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 11/22/2014 10:51 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	1,652,308	739	2,235.87	388	867,518		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,246,190		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					8,466,544		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)					614,988		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					230,727		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					845,715		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					7,620,829		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					750		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,689.11		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,266,833		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet D-1

Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description		Cost	Title XVIII		Hospital		
			Routine Cost (from line 27)	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	1,029,694	8,445,557	0.121921	1,266,833	154,454	90.00
91.00	Nursing School cost	0	8,445,557	0.000000	1,266,833	0	91.00
92.00	Allied health cost	0	8,445,557	0.000000	1,266,833	0	92.00
93.00	All other Medical Education	0	8,445,557	0.000000	1,266,833	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140089 Component CCN: 145687	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/22/2014 10:51 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)		1,983	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,983	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,983	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)		1,591	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		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	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)		1,962,805	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)		1,962,805	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)		1,962,805	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: 140089		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		Component CCN: 145687		Date/Time Prepared: 11/22/2014 10:51 am		PPS	
		Title XVIII		Skilled Nursing Facility			
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/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					1,962,805	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					989.82	71.00
72.00	Program routine service cost (line 9 x line 71)					1,574,804	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)					1,574,804	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)					1,574,804	83.00
84.00	Program inpatient ancillary services (see instructions)					590,405	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)					2,165,209	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: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1
		Component CCN: 145687		Date/Time Prepared: 11/22/2014 10:51 am
		Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital -related cost	0	0	0.000000	0	0 90.00
91.00	Nursing School cost	0	0	0.000000	0	0 91.00
92.00	Allied health cost	0	0	0.000000	0	0 92.00
93.00	All other Medical Education	0	0	0.000000	0	0 93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 11/22/2014 10:51 am	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,913,722	30.00
31.00	03100	INTENSIVE CARE UNIT		903,335	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.315159	1,044,713	50.00
51.00	05100	RECOVERY ROOM	0.241976	251,318	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.749221	0	52.00
53.00	05300	ANESTHESIOLOGY	0.096662	161,182	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.313270	451,499	54.00
57.00	05700	CT SCAN	0.078780	972,514	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.132856	122,111	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.209146	2,572,891	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.435378	234,467	63.00
65.00	06500	RESPIRATORY THERAPY	0.405176	463,360	65.00
66.00	06600	PHYSICAL THERAPY	0.602073	244,989	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.472570	47,696	68.00
69.00	06900	ELECTROCARDIOLOGY	0.108960	510,593	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.292792	10,760	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.232841	954,628	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.472342	963,060	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.471917	1,221,980	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.094154	150	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	1.297315	1,942	76.01
76.02	03951	FLU CLINIC	0.139737	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
91.00	09100	EMERGENCY	0.264577	860,817	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.462254	141,110	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		11,231,780	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)		11,231,780	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3	
		Component CCN: 145687		Date/Time Prepared: 11/22/2014 10:51 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.315159	604	190	50.00
51.00	05100 RECOVERY ROOM	0.241976	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.749221	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.082601	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.313270	30,086	9,425	54.00
57.00	05700 CT SCAN	0.078780	9,894	779	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.132856	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.205524	362,990	74,603	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.435378	10,067	4,383	63.00
65.00	06500 RESPIRATORY THERAPY	0.405176	86,992	35,247	65.00
66.00	06600 PHYSICAL THERAPY	0.602073	426,255	256,637	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.472570	22,895	10,819	68.00
69.00	06900 ELECTROCARDIOLOGY	0.108960	11,055	1,205	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.292792	2,152	630	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.232841	185,629	43,222	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.472342	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.471917	324,374	153,078	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.094154	0	0	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	1.297315	144	187	76.01
76.02	03951 FLU CLINIC	0.139737	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
91.00	09100 EMERGENCY	0.264577	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.462254	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		1,473,137	590,405	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)		1,473,137		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 11/22/2014 10:51 am
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		586,660		30.00
31.00	03100 INTENSIVE CARE UNIT		121,420		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		237,710		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.315159	332,399	104,759	50.00
51.00	05100 RECOVERY ROOM	0.241976	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.749221	233,875	409,099	52.00
53.00	05300 ANESTHESIOLOGY	0.082601	50,960	4,209	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.313270	47,961	15,025	54.00
57.00	05700 CT SCAN	0.078780	98,851	7,787	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.132856	20,351	2,704	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.205524	436,746	89,762	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.435378	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.405176	54,212	21,965	65.00
66.00	06600 PHYSICAL THERAPY	0.602073	10,883	6,552	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.472570	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.108960	13,963	1,521	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.292792	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.232841	120,148	27,975	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.472342	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.471917	305,784	144,305	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.094154	0	0	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	1.297315	0	0	76.01
76.02	03951 FLU CLINIC	0.139737	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.720650	0	0	88.00
91.00	09100 EMERGENCY	0.264577	138,952	36,764	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.462254	39,527	18,272	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		1,904,612	890,699	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		1,904,612		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/22/2014 10:51 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		1,114,545		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		3,291,295		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0		1.03
2.00	Outlier payments for discharges. (see instructions)		83,044		2.00
2.01	Outlier reconciliation amount		0		2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0		2.02
3.00	Managed Care Simulated Payments		0		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		75.76		4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		0		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.46		30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.83		31.00
32.00	Sum of lines 30 and 31		21.29		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/22/2014 10:51 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		5.45	1.01	
34.00	Disproportionate share adjustment (see instructions)		105,587		
			Prior to October 1		On/After October 1
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)				9,046,380,143
35.01	Factor 3 (see instructions)				0.000000000
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				205,108
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				153,410
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		153,410		
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		
47.00	Subtotal (see instructions)		4,747,881		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		5,616,751		
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		5,616,751		
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		355,894		
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0		
53.00	Nursing and Allied Health Managed Care payment		0		
54.00	Special add-on payments for new technologies		0		
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30 through 35).		0		
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		8,705		
59.00	Total (sum of amounts on lines 49 through 58)		5,981,350		
60.00	Primary payer payments		0		
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		5,981,350		
62.00	Deductibles billed to program beneficiaries		694,048		
63.00	Coinurance billed to program beneficiaries		3,616		
64.00	Allowable bad debts (see instructions)		158,651		
65.00	Adjusted reimbursable bad debts (see instructions)		103,123		

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/22/2014 10:51 am	
		Title XVIII	Hospital	PPS	

		0	Prior to October 1 1.00	1.01	On/After October 1 2.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		5,386,809			67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0			68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0			69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0			70.00
70.50	RURAL DEMONSTRATION PROJECT		0			70.50
70.92	Bundled Model 1 discount amount		0			70.92
70.93	HVBP incentive payment (see instructions)		-5,199			70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		0			70.94
70.95	Recovery of accelerated depreciation		0			70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	170,205			70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	424,644			70.97
70.98	Low Volume Payment-3		0			70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		5,976,459			71.00
71.01	Sequestration adjustment (see instructions)		119,529			71.01
72.00	Interim payments		5,817,400			72.00
73.00	Tentative settlement (for contractor use only)		0			73.00
74.00	Balance due provider (Program) line 71 minus lines 71.01, 72 and 73		39,530			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0			75.00
TO BE COMPLETED BY CONTRACTOR						
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0			90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0			91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0			92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0			93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00			94.00
95.00	Time value of money for operating expenses (see instructions)		0			95.00
96.00	Time value of money for capital related expenses (see instructions)		0			96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/22/2014 10:51 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,608	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,752,093	2.00
3.00	PPS payments		4,641,109	3.00
4.00	Outlier payment (see instructions)		950	4.00
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 line 3 plus line 4 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 Worksheet D, Part IV, column 13, line 200		35,502	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,608	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		9,158	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		9,158	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)		9,158	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		5,550	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 (line 11 minus line 20) (for CAH see instructions)		3,608	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, 8 and 9)		4,677,561	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		1,097,433	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		3,583,736	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		3,583,736	30.00
31.00	Primary payer payments		126	31.00
32.00	Subtotal (line 30 minus line 31)		3,583,610	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		105,698	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		68,704	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		3,652,314	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		3,652,314	40.00
40.01	Sequestration adjustment (see instructions)		73,046	40.01
41.00	Interim payments		3,563,297	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		15,971	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet E-1
Part I
Date/Time Prepared:
11/22/2014 10:51 am

Title XVIII

Hospital

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		5,892,522		3,566,386	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	02/13/2014	14,636		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	06/26/2014	89,758		0	3.50
3.51			0	02/13/2014	3,089	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)		-75,122		-3,089	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)		5,817,400		3,563,297	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		39,530		15,971	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,856,930		3,579,268	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: 140089
Component CCN: 145687

Period:
From 07/01/2013
To 06/30/2014

Worksheet E-1
Part I
Date/Time Prepared:
11/22/2014 10:51 am
PPS

Title XVIII

Skilled Nursing
Facility

		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		486,684		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		486,684		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		569		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		487,253		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet E-1 Part II Date/Time Prepared: 11/22/2014 10:51 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			1,734 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			2,965 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			184 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			4,989 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			126,302,609 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			4,496,964 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,385,577 8.00
9.00	Sequestration adjustment amount (see instructions)			27,712 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,357,865 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,278,892 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			78,973 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140089 Component CCN: 145687	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part VI Date/Time Prepared: 11/22/2014 10:51 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)		521,841	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		580	3.00
4.00	Subtotal (sum of lines 1 through 3)		522,421	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		25,224	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 6 & 7 plus 10 and 11)(see Instructions)		497,197	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		497,197	15.00
15.01	Sequestration adjustment (see instructions)		9,944	15.01
16.00	Interim payments		486,684	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program line 15 minus 15.01, 16 and 17		569	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

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

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet G

Date/Time Prepared:
11/22/2014 10:51 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	1,293,521	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	39,597,895	0	0	0	4.00
5.00	Other receivable	-22,831,777	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,616,348	0	0	0	7.00
8.00	Prepaid expenses	1,305,148	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	20,981,135	0	0	0	11.00
FIXED ASSETS						
12.00	Land	111,602	0	0	0	12.00
13.00	Land improvements	2,579,492	0	0	0	13.00
14.00	Accumulated depreciation	-1,350,773	0	0	0	14.00
15.00	Buildings	22,571,901	0	0	0	15.00
16.00	Accumulated depreciation	-15,563,299	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	53,674,963	0	0	0	23.00
24.00	Accumulated depreciation	-38,039,877	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	277,320	0	0	0	27.00
28.00	Accumulated depreciation	-24,265	0	0	0	28.00
29.00	Minor equipment-nondepreciable	6,491,711	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	30,728,775	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	37,637,078	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	3,085,822	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	40,722,900	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	92,432,810	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,360,494	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	848,644	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	594,517	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	12,803,655	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	3,515,402	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,515,402	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	16,319,057	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	76,113,753				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)	76,113,753	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	92,432,810	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet G-1

Date/Time Prepared:
11/22/2014 10:51 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		73,180,163			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		2,899,890				2.00
3.00	Total (sum of line 1 and line 2)		76,080,053			0	3.00
4.00	CAPITAL GRANTS AND GIFTS	33,700		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		33,700			0	10.00
11.00	Subtotal (line 3 plus line 10)		76,113,753			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		76,113,753			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	CAPITAL GRANTS AND GIFTS		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	6,558,288		6,558,288	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	1,791,669		1,791,669	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	8,349,957		8,349,957	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	1,732,570		1,732,570	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)	1,732,570		1,732,570	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	10,082,527		10,082,527	17.00
18.00	Ancillary services	23,244,731	110,382,442	133,627,173	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	819,742	819,742	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	1,173,744	1,173,744	22.00
23.00	AMBULANCE SERVICES	0	2,685,885	2,685,885	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	1,879,578	1,879,578	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	33,327,258	116,941,391	150,268,649	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		70,150,583		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	ROUNDING	-9			35.00
36.00	Total additions (sum of lines 30-35)		-9		36.00
37.00	HOSPITALITY HOUSE	34,841			37.00
38.00	MEDICAL ARTS BUILDING	100,275			38.00
39.00	ORTHO BUILDING	78,058			39.00
40.00	HEALTH SERVICES BUILDING	570,788			40.00
40.01	MISCELLANEOUS	40,937			40.01
40.02	INTEREST EXPENSE	41,904			40.02
41.00	HEALTH SERVICES BUILDING II	402,173			41.00
41.01	MISCELLANEOUS	0	0		41.01
42.00	Total deductions (sum of lines 37-41)		1,268,976		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		68,881,598		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140089

Period:
From 07/01/2013
To 06/30/2014

Worksheet G-3

Date/Time Prepared:
11/22/2014 10:51 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	150,268,649	1.00
2.00	Less contractual allowances and discounts on patients' accounts	82,438,194	2.00
3.00	Net patient revenues (line 1 minus line 2)	67,830,455	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	68,881,598	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,051,143	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	450,902	6.00
7.00	Income from investments	942,703	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	60,280	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	180,222	13.00
14.00	Revenue from meals sold to employees and guests	410,409	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	1,773	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	6,403	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	2,000	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	397,981	22.00
23.00	Governmental appropriations	64,066	23.00
24.00	CONSULTING	132,062	24.00
24.01	BILLING	113,076	24.01
24.02	INCOME FROM FF	254,167	24.02
24.03	MEANINGFUL USE	1,789,400	24.03
24.04	PATH AND MMG SERVICES TO NOT OUR PAT	350,620	24.04
24.05	AMBULANCE STANDBY, HSK SERV, OUTREAC	47,236	24.05
24.06	OTHER	16,706	24.06
24.07	ROUNDING	3	24.07
25.00	Total other income (sum of lines 6-24)	5,220,009	25.00
26.00	Total (line 5 plus line 25)	4,168,866	26.00
27.00	PHYSICIAN OFFICE BUILDINGS	1,186,135	27.00
27.01	INTEREST EXPENSE	41,904	27.01
27.02	MISCELLANEOUS	40,937	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	1,268,976	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	2,899,890	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140089

Period: From 07/01/2013

Worksheet H

HHA CCN: 147293

To 06/30/2014

Date/Time Prepared: 11/22/2014 10:51 am

Home Health Agency I

PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	254,997	0	0	11,726	39,070	305,793	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	552,800	0	39,127	0	18,217	610,144	6.00
7.00	Physical Therapy	184,141	0	16,836	0	0	200,977	7.00
8.00	Occupational Therapy	76,373	0	5,224	0	0	81,597	8.00
9.00	Speech Pathology	30,044	0	4,433	0	0	34,477	9.00
10.00	Medical Social Services	7,820	0	433	0	116	8,369	10.00
11.00	Home Health Aide	19,753	0	2,730	0	0	22,483	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,125,928	0	68,783	11,726	57,403	1,263,840	24.00
		Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	-11,441	294,352	0	294,352			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	610,144	0	610,144			6.00
7.00	Physical Therapy	0	200,977	0	200,977			7.00
8.00	Occupational Therapy	0	81,597	0	81,597			8.00
9.00	Speech Pathology	0	34,477	0	34,477			9.00
10.00	Medical Social Services	0	8,369	0	8,369			10.00
11.00	Home Health Aide	0	22,483	0	22,483			11.00
12.00	Supplies (see instructions)	0	0	0	0			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
24.00	Total (sum of lines 1-23)	-11,441	1,252,399	0	1,252,399			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet H-1 Part I Date/Time Prepared: 11/22/2014 10:51 am
		HHA CCN: 147293	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	294,352	0	0	0	294,352	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	610,144	0	0	0	610,144	6.00
7.00	Physical Therapy	200,977	0	0	0	200,977	7.00
8.00	Occupational Therapy	81,597	0	0	0	81,597	8.00
9.00	Speech Pathology	34,477	0	0	0	34,477	9.00
10.00	Medical Social Services	8,369	0	0	0	8,369	10.00
11.00	Home Health Aide	22,483	0	0	0	22,483	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,252,399	0	0	0	1,252,399	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	294,352					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	187,461	797,605				6.00
7.00	Physical Therapy	61,749	262,726				7.00
8.00	Occupational Therapy	25,070	106,667				8.00
9.00	Speech Pathology	10,593	45,070				9.00
10.00	Medical Social Services	2,571	10,940				10.00
11.00	Home Health Aide	6,908	29,391				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		1,252,399				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140089
HHA CCN: 147293

Period:
From 07/01/2013
To 06/30/2014

Worksheet H-1
Part II
Date/Time Prepared:
11/22/2014 10:51 am
PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-294,352	958,047
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	610,144
7.00	Physical Therapy	0	0	0	0	0	200,977
8.00	Occupational Therapy	0	0	0	0	0	81,597
9.00	Speech Pathology	0	0	0	0	0	34,477
10.00	Medical Social Services	0	0	0	0	0	8,369
11.00	Home Health Aide	0	0	0	0	0	22,483
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-294,352	958,047
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		294,352
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.307242

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140089
HHA CCN: 147293

Period:
From 07/01/2013
To 06/30/2014

Worksheet H-2
Part I
Date/Time Prepared:
11/22/2014 10:51 am
PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS					CAP REL COSTS-REHAB CNT	
		NEW BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II			
			1.01	1.02	1.03	1.04		
1.00 Administrative and General	0	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	797,605	0	0	0	0	0	0	2.00
3.00 Physical Therapy	262,726	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	106,667	0	0	0	0	0	0	4.00
5.00 Speech Pathology	45,070	0	0	0	0	0	0	5.00
6.00 Medical Social Services	10,940	0	0	0	0	0	0	6.00
7.00 Home Health Aide	29,391	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	1,252,399	0	0	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00

Cost Center Description	CAPITAL RELATED COSTS						BUSHNELL OFFICE BLDG	
	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	CONVENIENCE CARE CLINI			
	1.05	1.06	1.07	1.08	1.09	1.10		
1.00 Administrative and General	0	0	16,806	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	16,806	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140089
HHA CCN: 147293

Period: From 07/01/2013 To 06/30/2014

Worksheet H-2
Part I
Date/Time Prepared: 11/22/2014 10:51 am
PPS

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSBI	MAINTENANCE & REPAIRS-HSBI I	
		4.00	4A	5.00	6.00	6.01	6.02	
1.00	Administrative and General	61,145	77,951	14,483	0	0	0	1.00
2.00	Skilled Nursing Care	133,439	931,044	172,981	0	0	0	2.00
3.00	Physical Therapy	44,450	307,176	57,071	0	0	0	3.00
4.00	Occupational Therapy	18,436	125,103	23,243	0	0	0	4.00
5.00	Speech Pathology	7,252	52,322	9,721	0	0	0	5.00
6.00	Medical Social Services	1,888	12,828	2,383	0	0	0	6.00
7.00	Home Health Aide	4,768	34,159	6,346	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	271,378	1,540,583	286,228	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00
Cost Center Description		MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORTHO BLDG	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-HSB	
		6.03	6.04	6.05	8.00	9.00	9.01	
1.00	Administrative and General	0	5,165	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	5,165	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140089
HHA CCN: 147293

Period: From 07/01/2013 To 06/30/2014

Worksheet H-2
Part I
Date/Time Prepared: 11/22/2014 10:51 am
PPS

Cost Center Description	HOUSEKEEPING-H	HOUSEKEEPING-O	HOUSEKEEPING-M	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	SB 11 9.02	RTHO 9.03	AB 9.04	10.00	11.00	13.00	
1.00 Administrative and General	0	0	1,352	0	9,697	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	19,880	0	2.00
3.00 Physical Therapy	0	0	0	0	5,091	0	3.00
4.00 Occupational Therapy	0	0	0	0	1,939	0	4.00
5.00 Speech Pathology	0	0	0	0	727	0	5.00
6.00 Medical Social Services	0	0	0	0	242	0	6.00
7.00 Home Health Aide	0	0	0	0	1,697	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	1,352	0	39,273	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED PRGM	
	14.00	15.00	16.00	17.00	19.00	23.00	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	6,717	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	6,717	0	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140089

Period: From 07/01/2013

Worksheet H-2

HHA CCN: 147293

To 06/30/2014

Part I Date/Time Prepared: 11/22/2014 10:51 am

Home Health Agency I

PPS

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	108,648	0	108,648				1.00
2.00 Skilled Nursing Care	1,130,622	0	1,130,622	69,374	1,199,996		2.00
3.00 Physical Therapy	369,338	0	369,338	22,663	392,001		3.00
4.00 Occupational Therapy	150,285	0	150,285	9,221	159,506		4.00
5.00 Speech Pathology	62,770	0	62,770	3,852	66,622		5.00
6.00 Medical Social Services	15,453	0	15,453	948	16,401		6.00
7.00 Home Health Aide	42,202	0	42,202	2,590	44,792		7.00
8.00 Supplies (see instructions)	0	0	0	0	0		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
20.00 Total (sum of lines 1-19) (2)	1,879,318	0	1,879,318	108,648	1,879,318		20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.061360			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140089
HHA CCN: 147293

Period:
From 07/01/2013
To 06/30/2014

Worksheet H-2
Part II
Date/Time Prepared:
11/22/2014 10:51 am
PPS

Cost Center Description		CAPITAL RELATED COSTS					CAP REL COSTS-DIAGNOSIS (PER CENT)	
		NEW BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HOSPITAL (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)	CAP REL COSTS-REHAB CNT (PER CENT)		
		1.00	1.01	1.02	1.03	1.04		
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
		CAPITAL RELATED COSTS						
Cost Center Description		CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLINIC (PER CENT)	BUSHNELL OFFICE BLDG (PER CENT)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		1.06	1.07	1.08	1.09	1.10	4.00	
		1.06	1.07	1.08	1.09	1.10	4.00	
1.00	Administrative and General	0	1,735	0	0	0	253,306	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	552,800	2.00
3.00	Physical Therapy	0	0	0	0	0	184,141	3.00
4.00	Occupational Therapy	0	0	0	0	0	76,373	4.00
5.00	Speech Pathology	0	0	0	0	0	30,044	5.00
6.00	Medical Social Services	0	0	0	0	0	7,820	6.00
7.00	Home Health Aide	0	0	0	0	0	19,753	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	1,735	0	0	0	1,124,237	20.00
21.00	Total cost to be allocated	0	16,806	0	0	0	271,378	21.00
22.00	Unit cost multiplier	0.000000	9.686455	0.000000	0.000000	0.000000	0.241389	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140089
HHA CCN: 147293

Period: From 07/01/2013 To 06/30/2014

Worksheet H-2 Part II
Date/Time Prepared: 11/22/2014 10:51 am
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Cost Center Description	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-HSBI (SQUARE FEET)	MAINTENANCE & REPAIRS-HSBI I (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	
	5A	5.00	6.00	6.01	6.02	6.03	
1.00 Administrative and General	0	77,951	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	931,044	0	0	0	0	2.00
3.00 Physical Therapy	0	307,176	0	0	0	0	3.00
4.00 Occupational Therapy	0	125,103	0	0	0	0	4.00
5.00 Speech Pathology	0	52,322	0	0	0	0	5.00
6.00 Medical Social Services	0	12,828	0	0	0	0	6.00
7.00 Home Health Aide	0	34,159	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)		1,540,583	0	0	0	0	20.00
21.00 Total cost to be allocated		286,228	0	0	0	0	21.00
22.00 Unit cost multiplier		0.185792	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING-HSBI (SQUARE FEET)	HOUSEKEEPING-HSBI I (SQUARE FEET)	
	6.04	6.05	8.00	9.00	9.01	9.02	
1.00 Administrative and General	1,735	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	1,735	0	0	0	0	0	20.00
21.00 Total cost to be allocated	5,165	0	0	0	0	0	21.00
22.00 Unit cost multiplier	2.976945	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140089
HHA CCN: 147293

Period:
From 07/01/2013
To 06/30/2014

Worksheet H-2
Part II
Date/Time Prepared:
11/22/2014 10:51 am
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Cost Center Description	HOUSEKEEPING-OR	HOUSEKEEPING-M	DIETARY	CAFETERIA	NURSING	CENTRAL	
	RTHO (SQUARE FEET)	AB (SQUARE FEET)	(MEALS SERVED)	(FTE'S)	ADMINISTRATION (DIRECT NRSING HRS)	SERVICES & SUPPLY (COSTED REQUIS.)	
	9.03	9.04	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	1,735	0	40	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	82	0	22	2.00
3.00 Physical Therapy	0	0	0	21	0	0	3.00
4.00 Occupational Therapy	0	0	0	8	0	0	4.00
5.00 Speech Pathology	0	0	0	3	0	0	5.00
6.00 Medical Social Services	0	0	0	1	0	0	6.00
7.00 Home Health Aide	0	0	0	7	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	1,735	0	162	0	22	20.00
21.00 Total cost to be allocated	0	1,352	0	39,273	0	6,717	21.00
22.00 Unit cost multiplier	0.000000	0.779251	0.000000	242.425926	0.000000	305.318182	22.00
Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)		
	15.00	16.00	17.00	19.00	23.00		
1.00 Administrative and General	0	0	0	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0	0		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	0		20.00
21.00 Total cost to be allocated	0	0	0	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet H-3 Part I Date/Time Prepared: 11/22/2014 10:51 am		
				HHA CCN: 147293	Title XVIII	Home Health Agency I	PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,199,996		1,199,996	4,091	293.33	1.00
2.00	Physical Therapy	3.00	392,001	0	392,001	1,745	224.64	2.00
3.00	Occupational Therapy	4.00	159,506	0	159,506	683	233.54	3.00
4.00	Speech Pathology	5.00	66,622	0	66,622	225	296.10	4.00
5.00	Medical Social Services	6.00	16,401		16,401	37	443.27	5.00
6.00	Home Health Aide	7.00	44,792		44,792	193	232.08	6.00
7.00	Total (sum of lines 1-6)		1,879,318	0	1,879,318	6,974		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
Cost Center Description	Cost Limits	CBSA No. (1)	Part A	3.00		4.00		5.00
	0	1.00	2.00					
Limitation Cost Computation								
8.00	Skilled Nursing Care		99914	490	1,892			8.00
9.00	Physical Therapy		99914	207	850			9.00
10.00	Occupational Therapy		99914	70	306			10.00
11.00	Speech Pathology		99914	3	130			11.00
12.00	Medical Social Services		99914	7	19			12.00
13.00	Home Health Aide		99914	38	101			13.00
14.00	Total (sum of lines 8-13)			815	3,298			14.00
Cost Center Description								
From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 + col. 4)			
0	1.00	2.00	3.00	4.00	5.00			
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	0	0	23,200	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
Cost Center Description	Part A	Part B		Cost of Services		Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	6.00	7.00	8.00	9.00		10.00	11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	490	1,892		143,732	554,980		1.00
2.00	Physical Therapy	207	850		46,500	190,944		2.00
3.00	Occupational Therapy	70	306		16,348	71,463		3.00
4.00	Speech Pathology	3	130		888	38,493		4.00
5.00	Medical Social Services	7	19		3,103	8,422		5.00
6.00	Home Health Aide	38	101		8,819	23,440		6.00
7.00	Total (sum of lines 1-6)	815	3,298		219,390	887,742		7.00
Cost Center Description								
	6.00	7.00	8.00	9.00		10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140089 HHA CCN: 147293	Period: From 07/01/2013 To 06/30/2014	Worksheet H-3 Part I Date/Time Prepared: 11/22/2014 10:51 am	
				Title XVII I	Home Health Agency I	PPS	
Cost Center Description	Program Covered Charges			Cost of Services			
	Part A	Part B			Part A	Part B	
		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance			Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance
	6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies					15.00	
16.00	Cost of Drugs		12,844	0	0	16.00	
Cost Center Description		Total Program Cost (sum of col.s. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	698,712				1.00	
2.00	Physical Therapy	237,444				2.00	
3.00	Occupational Therapy	87,811				3.00	
4.00	Speech Pathology	39,381				4.00	
5.00	Medical Social Services	11,525				5.00	
6.00	Home Health Aide	32,259				6.00	
7.00	Total (sum of lines 1-6)	1,107,132				7.00	
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care					8.00	
9.00	Physical Therapy					9.00	
10.00	Occupational Therapy					10.00	
11.00	Speech Pathology					11.00	
12.00	Medical Social Services					12.00	
13.00	Home Health Aide					13.00	
14.00	Total (sum of lines 8-13)					14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140089
HHA CCN: 147293

Period:
From 07/01/2013
To 06/30/2014

Worksheet H-3
Part II
Date/Time Prepared:
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Title XVIII

Home Health Agency I

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.602073	0	0	col. 2, line 2.00	1.00
2.00	Occupational Therapy	67.00	0.000000	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.472570	0	0	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.232841	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.471917	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet H-4 Part I-II Date/Time Prepared: 11/22/2014 10:51 am
	HHA CCN: 147293	Title XVII	Home Health Agency I PPS

	Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	1.00	2.00	3.00	

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	131,349	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount 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(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	131,349	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	131,349	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0

	Part A Services	Part B Services	
	1.00	2.00	

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	121,372	480,613	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	14,020	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	1,852	10,068	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	4,425	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	2,943	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	123,224	512,069	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	123,224	512,069	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	123,224	512,069	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	123,224	512,069	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)	123,224	512,069	31.00
31.01	Sequestration adjustment (see instructions)	2,465	10,241	31.01
32.00	Interim payments (see instructions)	120,759	501,827	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33	0	1	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 140089
HHA CCN: 147293

Period:
From 07/01/2013
To 06/30/2014

Worksheet H-5
Date/Time Prepared:
11/22/2014 10:51 am
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		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		120,759		501,827	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			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			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		120,759		501,827	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		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			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		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		120,759		501,828	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140089

Period: From 07/01/2013

Worksheet K

Hospice CCN: 141524

To 06/30/2014

Date/Time Prepared: 11/22/2014 10:51 am

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	53,159	0	0	2,453	14,837	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	59,333	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	53,313	0	9.00
10.00	Nursing Care	342,881	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	1,101	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	44,949	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	45,419	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	186,962	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	54,576	26.00
27.00	Patient Transportation	0	0	25,386	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	15,352	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	32,536	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	6,431	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	50	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	237,872	0	38.00
39.00	Total (sum of lines 1 thru 38)	493,940	0	25,386	385,557	271,727	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140089

Period: From 07/01/2013

Worksheet K

Hospice CCN: 141524

To 06/30/2014

Date/Time Prepared: 11/22/2014 10:51 am

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	70,449	3,467	73,916	0	73,916	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	59,333	0	59,333	0	59,333	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	53,313	0	53,313	0	53,313	9.00
10.00	Nursing Care	342,881	0	342,881	0	342,881	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	1,101	0	1,101	0	1,101	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	44,949	0	44,949	0	44,949	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	45,419	0	45,419	0	45,419	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	186,962	0	186,962	0	186,962	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	54,576	0	54,576	0	54,576	26.00
27.00	Patient Transportation	25,386	0	25,386	0	25,386	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	15,352	0	15,352	0	15,352	30.00
31.00	Outpatient Services (including E/R Dept.)	32,536	0	32,536	0	32,536	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	6,431	94	6,525	0	6,525	35.00
36.00	Volunteer Program Costs	50	0	50	0	50	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	237,872	4,325	242,197	0	242,197	38.00
39.00	Total (sum of lines 1 thru 38)	1,176,610	7,886	1,184,496	0	1,184,496	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140089

Period: From 07/01/2013

Worksheet K-1

Hospice CCN: 141524

To 06/30/2014

Date/Time Prepared: 11/22/2014 10:51 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	40,457	0	0	12,702	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	342,881	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	44,949	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	6,431	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	40,457	51,380	0	355,583	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140089

Period: From 07/01/2013

Worksheet K-1

Hospice CCN: 141524

To 06/30/2014

Date/Time Prepared: 11/22/2014 10:51 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	53,159	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	342,881	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	1,101	0	0	1,101	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	44,949	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		45,419	0	45,419	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	6,431	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,101	45,419	0	493,940	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140089	Period: From 07/01/2013	Worksheet K-3
		Hospice CCN: 141524	To 06/30/2014	Date/Time Prepared: 11/22/2014 10:51 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet K-3
		Hospice CCN: 141524		Date/Time Prepared: 11/22/2014 10:51 am

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	2,453	2,453	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	59,333	59,333	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	53,313	53,313	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	32,536	32,536	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	50	50	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	237,872	237,872	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	385,557	385,557	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140089

Period: From 07/01/2013

Worksheet K-4

Hospice CCN: 141524

To 06/30/2014

Part I
Date/Time Prepared:
11/22/2014 10:51 am

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	73,916	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	59,333	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	53,313	0	0	0	0	9.00
10.00	Nursing Care	342,881	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	1,101	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	44,949	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	45,419	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	186,962	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	54,576	0	0	0	0	26.00
27.00	Patient Transportation	25,386	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	15,352	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	32,536	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	6,525	0	0	0	0	35.00
36.00	Volunteer Program Costs	50	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	242,197	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,184,496	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140089

Period: From 07/01/2013

Worksheet K-4

Hospice CCN: 141524

To 06/30/2014

Part I
Date/Time Prepared:
11/22/2014 10:51 am

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	73,916	73,916		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	59,333	3,949	63,282	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	53,313	3,548	56,861	9.00
10.00	Nursing Care	0	342,881	22,822	365,703	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	1,101	73	1,174	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	44,949	2,992	47,941	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	45,419	3,023	48,442	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	186,962	12,443	199,405	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	54,576	3,632	58,208	26.00
27.00	Patient Transportation	0	25,386	1,690	27,076	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	15,352	1,022	16,374	30.00
31.00	Outpatient Services (including E/R Dept.)	0	32,536	2,165	34,701	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	6,525	434	6,959	35.00
36.00	Volunteer Program Costs	0	50	3	53	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	242,197	16,120	258,317	38.00
39.00	Total (sum of lines 1 thru 38)	0	1,184,496		1,184,496	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089
 Hospice CCN: 141524

Period:
 From 07/01/2013
 To 06/30/2014

Worksheet K-4
 Part II
 Date/Time Prepared:
 11/22/2014 10:51 am

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089
 Hospice CCN: 141524

Period:
 From 07/01/2013
 To 06/30/2014

Worksheet K-4
 Part II
 Date/Time Prepared:
 11/22/2014 10:51 am

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-73,916	1,110,580	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	59,333	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	53,313	9.00
10.00	Nursing Care	0	342,881	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	1,101	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	44,949	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	45,419	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	186,962	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	54,576	26.00
27.00	Patient Transportation	0	25,386	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	15,352	30.00
31.00	Outpatient Services (including E/R Dept.)	0	32,536	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	6,525	35.00
36.00	Volunteer Program Costs	0	50	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	242,197	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		73,916	39.00
40.00	Unit Cost Multiplier		0.066556	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140089

Period: From 07/01/2013

Worksheet K-5

Hospice CCN: 141524

To 06/30/2014

Part I
Date/Time Prepared:
11/22/2014 10:51 am

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
		1.00	1.01	1.02	1.03	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	63,282	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	56,861	0	0	0	0	4.00
5.00 Nursing Care	365,703	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	1,174	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	47,941	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	48,442	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	199,405	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	58,208	0	0	0	0	21.00
22.00 Patient Transportation	27,076	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	16,374	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	34,701	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	6,959	0	0	0	0	30.00
31.00 Volunteer Program Costs	53	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	258,317	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	1,184,496	0	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140089

Period:

Worksheet K-5

Hospice CCN: 141524

From 07/01/2013
To 06/30/2014

Part I
Date/Time Prepared:
11/22/2014 10:51 am

Hospice I

Cost Center Description	CAPITAL RELATED COSTS					
	CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAGNOSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
	1.04	1.05	1.06	1.07	1.08	
1.00 Administrative and General	0	0	0	10,209	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	10,209	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140089

Period: From 07/01/2013

Worksheet K-5

Hospice CCN: 141524

To 06/30/2014

Part I
Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		CONVENIENCE CARE CLINI	BUSHNELL OFFICE BLDG					
		1.09	1.10	4.00				
1.00	Administrative and General	0	0	9,761	19,970	3,710	1.00	
2.00	Inpatient - General Care	0	0	0	63,282	11,757	2.00	
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00	Physician Services	0	0	0	56,861	10,564	4.00	
5.00	Nursing Care	0	0	85,629	451,332	83,854	5.00	
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00	Physical Therapy	0	0	265	1,439	267	7.00	
8.00	Occupational Therapy	0	0	0	0	0	8.00	
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00	Medical Social Services	0	0	11,066	59,007	10,963	10.00	
11.00	Spiritual Counseling	0	0	0	0	0	11.00	
12.00	Dietary Counseling	0	0	0	0	0	12.00	
13.00	Counseling - Other	0	0	0	0	0	13.00	
14.00	Home Health Aide and Homemaker	0	0	10,952	59,394	11,035	14.00	
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00	Other	0	0	0	0	0	16.00	
17.00	Drugs, Biological and Infusion Therapy	0	0	0	199,405	37,048	17.00	
18.00	Analgesics	0	0	0	0	0	18.00	
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00	Other - Specify	0	0	0	0	0	20.00	
21.00	Durable Medical Equipment/Oxygen	0	0	0	58,208	10,815	21.00	
22.00	Patient Transportation	0	0	0	27,076	5,031	22.00	
23.00	Imaging Services	0	0	0	0	0	23.00	
24.00	Labs and Diagnostics	0	0	0	0	0	24.00	
25.00	Medical Supplies	0	0	0	16,374	3,042	25.00	
26.00	Outpatient Services (including E/R Dept.)	0	0	0	34,701	6,447	26.00	
27.00	Radiation Therapy	0	0	0	0	0	27.00	
28.00	Chemotherapy	0	0	0	0	0	28.00	
29.00	Other	0	0	0	0	0	29.00	
30.00	Bereavement Program Costs	0	0	1,559	8,518	1,583	30.00	
31.00	Volunteer Program Costs	0	0	0	53	10	31.00	
32.00	Fundraising	0	0	0	0	0	32.00	
33.00	Other Program Costs	0	0	0	258,317	47,993	33.00	
34.00	Total (sum of lines 1 thru 33) (2)	0	0	119,232	1,313,937	244,119	34.00	
35.00	Unit Cost Multiplier (see instructions)				0.000000		35.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140089

Period: From 07/01/2013

Worksheet K-5

Hospice CCN: 141524

To 06/30/2014

Part I
Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description		Hospice I					
		MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSBI	MAINTENANCE & REPAIRS-HSBI I	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
		6.00	6.01	6.02	6.03	6.04	
1.00	Administrative and General	0	0	0	0	3,138	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	3,138	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140089

Period:

Worksheet K-5

Hospice CCN: 141524

From 07/01/2013
To 06/30/2014

Part I
Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description	Hospice I					
	MAINTENANCE & REPAIRS-ORTHO BLDG 6.05	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING-H SB 9.01	HOUSEKEEPING-H SB II 9.02	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140089

Period:

Worksheet K-5

Hospice CCN: 141524

From 07/01/2013
To 06/30/2014

Part I
Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description		Hospice I					
		HOUSEKEEPING-O RTHO 9.03	HOUSEKEEPING-M AB 9.04	DIETARY 10.00	CAFETERIA 11.00	NURSING ADMINISTRATION 13.00	
1.00	Administrative and General	0	821	0	1,455	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	12,364	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	1,939	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	3,879	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	242	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	821	0	19,879	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140089

Period: From 07/01/2013

Worksheet K-5

Hospice CCN: 141524

To 06/30/2014

Part I
Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description		Hospice I					
		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	4,274	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	4,274	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140089

Period: From 07/01/2013

Worksheet K-5

Hospice CCN: 141524

To 06/30/2014

Part I
Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description		PARAMED ED PRGM	Hospice I				
			Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col s. 24 ± 25)	Allocated Hospice A&G (See Part II)	
		23.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	29,094				1.00
2.00	Inpatient - General Care	0	75,039	0	75,039	1,402	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	67,425	0	67,425	1,260	4.00
5.00	Nursing Care	0	547,550	0	547,550	10,231	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	1,706	0	1,706	32	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	71,909	0	71,909	1,344	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	74,308	0	74,308	1,388	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	236,453	0	236,453	4,418	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	69,023	0	69,023	1,290	21.00
22.00	Patient Transportation	0	32,107	0	32,107	600	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	23,690	0	23,690	443	25.00
26.00	Outpatient Services (including E/R Dept.)	0	41,148	0	41,148	769	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	10,343	0	10,343	193	30.00
31.00	Volunteer Program Costs	0	63	0	63	1	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	306,310	0	306,310	5,723	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	1,586,168	0	1,586,168		34.00
35.00	Unit Cost Multiplier (see instructions)					0.018685	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140089

Period: From 07/01/2013

Worksheet K-5

Hospice CCN: 141524

To 06/30/2014

Part I
Date/Time Prepared:
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Cost Center Description		Total Hospice Costs (col. 26 ± 27)	Hospice I
		28.00	
1.00	Administrative and General		1.00
2.00	Inpatient - General Care	76,441	2.00
3.00	Inpatient - Respite Care	0	3.00
4.00	Physician Services	68,685	4.00
5.00	Nursing Care	557,781	5.00
6.00	Nursing Care-Continuous Home Care	0	6.00
7.00	Physical Therapy	1,738	7.00
8.00	Occupational Therapy	0	8.00
9.00	Speech/ Language Pathology	0	9.00
10.00	Medical Social Services	73,253	10.00
11.00	Spiritual Counseling	0	11.00
12.00	Dietary Counseling	0	12.00
13.00	Counseling - Other	0	13.00
14.00	Home Health Aide and Homemaker	75,696	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	15.00
16.00	Other	0	16.00
17.00	Drugs, Biological and Infusion Therapy	240,871	17.00
18.00	Analgesics	0	18.00
19.00	Sedatives / Hypnotics	0	19.00
20.00	Other - Specify	0	20.00
21.00	Durable Medical Equipment/Oxygen	70,313	21.00
22.00	Patient Transportation	32,707	22.00
23.00	Imaging Services	0	23.00
24.00	Labs and Diagnostics	0	24.00
25.00	Medical Supplies	24,133	25.00
26.00	Outpatient Services (including E/R Dept.)	41,917	26.00
27.00	Radiation Therapy	0	27.00
28.00	Chemotherapy	0	28.00
29.00	Other	0	29.00
30.00	Bereavement Program Costs	10,536	30.00
31.00	Volunteer Program Costs	64	31.00
32.00	Fundraising	0	32.00
33.00	Other Program Costs	312,033	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,586,168	34.00
35.00	Unit Cost Multiplier (see instructions)		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
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Hospice I

Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HOSPITAL (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)	CAP REL COSTS-REHAB CNT (PER CENT)	
	1.00	1.01	1.02	1.03	1.04	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS					
		CAP REL COSTS-DAYS (PER CENT)	CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLINI (PER CENT)	
		1.05	1.06	1.07	1.08	1.09	
1.00	Administrative and General	0	0	1,045	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	1,045	0	0	34.00
35.00	Total cost to be allocated	0	0	10,209	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	9.769378	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BUSHNELL OFFICE BLDG (PER CENT)						
	1.10	4.00					
1.00 Administrative and General	0		40,438	5A	19,970	0	1.00
2.00 Inpatient - General Care	0		0		63,282	0	2.00
3.00 Inpatient - Respite Care	0		0		0	0	3.00
4.00 Physician Services	0		0		56,861	0	4.00
5.00 Nursing Care	0		354,734		451,332	0	5.00
6.00 Nursing Care-Continuous Home Care	0		0		0	0	6.00
7.00 Physical Therapy	0		1,097		1,439	0	7.00
8.00 Occupational Therapy	0		0		0	0	8.00
9.00 Speech/ Language Pathology	0		0		0	0	9.00
10.00 Medical Social Services	0		45,841		59,007	0	10.00
11.00 Spiritual Counseling	0		0		0	0	11.00
12.00 Dietary Counseling	0		0		0	0	12.00
13.00 Counseling - Other	0		0		0	0	13.00
14.00 Home Health Aide and Homemaker	0		45,370		59,394	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0		0		0	0	15.00
16.00 Other	0		0		0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0		0		199,405	0	17.00
18.00 Analgesics	0		0		0	0	18.00
19.00 Sedatives / Hypnotics	0		0		0	0	19.00
20.00 Other - Specify	0		0		0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0		0		58,208	0	21.00
22.00 Patient Transportation	0		0		27,076	0	22.00
23.00 Imaging Services	0		0		0	0	23.00
24.00 Labs and Diagnostics	0		0		0	0	24.00
25.00 Medical Supplies	0		0		16,374	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0		0		34,701	0	26.00
27.00 Radiation Therapy	0		0		0	0	27.00
28.00 Chemotherapy	0		0		0	0	28.00
29.00 Other	0		0		0	0	29.00
30.00 Bereavement Program Costs	0		6,460		8,518	0	30.00
31.00 Volunteer Program Costs	0		0		53	0	31.00
32.00 Fundraising	0		0		0	0	32.00
33.00 Other Program Costs	0		0		258,317	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0		493,940		1,313,937	0	34.00
35.00 Total cost to be allocated	0		119,232		244,119	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000		0.241390		0.185792	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description		Hospice I					
		MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	
		6.01	6.02	6.03	6.04	6.05	
1.00	Administrative and General	0	0	0	1,054	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	1,054	0	34.00
35.00	Total cost to be allocated	0	0	0	3,138	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	2.977230	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description		Hospice I					
		LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING-H SB (SQUARE FEET)	HOUSEKEEPING-H SB II (SQUARE FEET)	HOUSEKEEPING-0 RTHO (SQUARE FEET)	
		8.00	9.00	9.01	9.02	9.03	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description	Hospice I						
	HOUSEKEEPING-M AB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)		
	9.04	10.00	11.00	13.00	14.00		
1.00 Administrative and General	1,054	0	6	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	51	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	8	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	16	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	14	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	1	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	1,054	0	82	0	0	14	34.00
35.00 Total cost to be allocated	821	0	19,879	0	0	4,274	35.00
36.00 Unit Cost Multiplier (see instructions)	0.778937	0.000000	242.426829	0.000000	0.000000	305.285714	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
11/22/2014 10:51 am

Cost Center Description		Hospice I					
		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMEDICAL PRGM (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	23.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 140089
 Hospice CCN: 141524

Period:
 From 07/01/2013
 To 06/30/2014

Worksheet K-5
 Part III
 Date/Time Prepared:
 11/22/2014 10:51 am

Cost Center Description		Hospice I			
		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.602073	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.472570	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.471917	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.209146	0	0 6.00
6.01	BLOOD LABORATORY	60.01			6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.232841	0	0 7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00			9.00
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	1.094154	0	0 10.00
10.01	DIABETES/WOUND CARE/COUMADIN CNTR	76.01	1.297315	0	0 10.01
10.02	FLU CLINIC	76.02	0.139737	0	0 10.02
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140089

Period: From 07/01/2013

Worksheet K-6

Hospice CCN: 141524

To 06/30/2014

Date/Time Prepared: 11/22/2014 10:51 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				1,274,135	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				7,964	2.00
3.00	Average cost per diem (line 1 divided by line 2)				159.99	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	7,474				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	1,195,765				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		49			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		7,840			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			441		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			70,556		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet L Parts I-III Date/Time Prepared: 11/22/2014 10:51 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		346,504	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		9,390	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		13.67	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		0	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		355,894	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS

Provider CCN: 140089
Component CCN: 148522

Period:
From 07/01/2013
To 06/30/2014

Worksheet M-1
Date/Time Prepared:
11/22/2014 10:51 am
Rural Health Clinic (RHC) I
Cost

		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified	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	202,849	0	202,849	0	202,849	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	46,827	0	46,827	0	46,827	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	51,946	0	51,946	0	51,946	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0	9.00
10.00	Subtotal (sum of lines 1-9)	301,622	0	301,622	0	301,622	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 11-13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	10,391	10,391	3,412	13,803	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	8,991	8,991	0	8,991	18.00
19.00	Other Health Care Costs	0	14,979	14,979	0	14,979	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	34,361	34,361	3,412	37,773	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	301,622	34,361	335,983	3,412	339,395	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
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0	0	0	0	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	47,322	36,220	83,542	0	83,542	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	47,322	36,220	83,542	0	83,542	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	348,944	70,581	419,525	3,412	422,937	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS

Provider CCN: 140089
Component CCN: 148522

Period:
From 07/01/2013
To 06/30/2014

Worksheet M-1
Date/Time Prepared:
11/22/2014 10:51 am
Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	-20,500	182,349	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	46,827	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	51,946	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	9.00
10.00	Subtotal (sum of lines 1-9)	-20,500	281,122	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 11-13)	0	0	14.00
15.00	Medical Supplies	0	13,803	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	8,991	18.00
19.00	Other Health Care Costs	0	14,979	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	37,773	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-20,500	318,895	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
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	0	0	29.00
30.00	Administrative Costs	0	83,542	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	83,542	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-20,500	402,437	32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 140089	Period: From 07/01/2013	Worksheet M-2
		Component CCN: 148522	To 06/30/2014	Date/Time Prepared: 11/22/2014 10:51 am
			Rural Health Clinic (RHC) I	Cost

	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	1.00	3,976	4,200	4,200	1.00
2.00	Physician Assistant	0.00	0	2,100	0	2.00
3.00	Nurse Practitioner	0.49	479	2,100	1,029	3.00
4.00	Subtotal (sum of lines 1-3)	1.49	4,455		5,229	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4-7)	1.49	4,455		5,229	8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES			
10.00	Total costs of health care services (from Worksheet M-1, column 7, line 22)		318,895
11.00	Total nonreimbursable costs (from Worksheet M-1, column 7, line 28)		0
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)		318,895
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)		1.000000
14.00	Total facility overhead - (from Worksheet M-1, column 7, line 31)		83,542
15.00	Parent provider overhead allocated to facility (see instructions)		188,310
16.00	Total overhead (sum of lines 14 and 15)		271,852
17.00	Allowable GME overhead (see instructions)		0
18.00	Subtract line 17 from line 16		271,852
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)		271,852
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)		590,747

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet M-3
		Component CCN: 148522		Date/Time Prepared: 11/22/2014 10:51 am
		Title XVIIII	Rural Health Clinic (RHC) I	Cost
				1.00
DETERMINATION OF RATE FOR RHC/FQHC SERVICES				
1.00	Total Allowable Cost of RHC/FQHC Services (from Worksheet M-2, line 20)		590,747	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		13,152	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		577,595	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		5,229	4.00
5.00	Physicians visits under agreement (from Worksheet M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		5,229	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		110.46	7.00
		Calculation of Limit (1)		
		Prior to January 1	On or After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	79.17	79.80	8.00
9.00	Rate for Program covered visits (see instructions)	79.17	79.80	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	676	676	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	53,519	53,945	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)		0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		107,464	16.00
16.01	Total program charges (see instructions)(from contractor's records)		152,479	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		10,881	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		7,669	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.)		59,886	16.04
16.05	Total program cost (see instructions)		67,555	16.05
17.00	Primary payer amounts		89	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		24,938	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		25,508	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		67,466	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		7,938	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		75,404	22.00
23.00	Allowable bad debts (see instructions)		0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
26.00	Net reimbursable amount (see instructions)		75,404	26.00
26.01	Sequestration adjustment (see instructions)		1,508	26.01
27.00	Interim payments		63,092	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, 27 and 28		10,804	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, section 115.2		0	30.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 140089 Component CCN: 148522	Period: From 07/01/2013 To 06/30/2014	Worksheet M-4 Date/Time Prepared: 11/22/2014 10:51 am
		Title XVIII	Rural Health Clinic (RHC) I	Cost
		Pneumococcal 1.00	Influenza 2.00	
1.00	Health care staff cost (from Worksheet M-1, column 7, line 10)	281,122	281,122	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.005019	0.005019	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	1,411	1,411	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	866	3,412	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	2,277	4,823	5.00
6.00	Total direct cost of the facility (from Worksheet M-1, column 7, line 22)	318,895	318,895	6.00
7.00	Total overhead (from Worksheet M-2, line 16)	271,852	271,852	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.007140	0.015124	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	1,941	4,111	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	4,218	8,934	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	24	305	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	175.75	29.29	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	14	187	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	2,461	5,477	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of columns 1 and 2, line 10) (transfer this amount to Worksheet M-3, line 2)		13,152	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of columns 1 and 2, line 14) (transfer this amount to Worksheet M-3, line 21)		7,938	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140089	Period: From 07/01/2013 To 06/30/2014	Worksheet M-5
	Component CCN: 148522		Date/Time Prepared: 11/22/2014 10:51 am
		Rural Health Clinic (RHC) I	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		31,014	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		02/13/2014	18,920	3.01
3.02		06/26/2014	13,158	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		32,078	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		63,092	4.00
TO BE COMPLETED BY CONTRACTOR				
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
Program to Provider				
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		10,804	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		73,896	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00
8.00	Name of Contractor			8.00