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: 140189	Period: From 07/01/2013 To 06/30/2014	Worksheet S Parts I-III Date/Time Prepared: 10/31/2014 4:22 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: — Time:
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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 SARAH BUSH LINCOLN HEALTH CENTER (140189) 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)

_____
Title

_____
Date

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-412,988	51,039	942,691	0	1.00
2.00	Subprovider - IPF	0	69,221	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		793		0	10.00
10.01	RURAL HEALTH CLINIC II	0		911		0	10.01
10.02	RURAL HEALTH CLINIC III	0		1,640		0	10.02
200.00	Total	0	-343,767	54,383	942,691	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.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part I | Date/Time Prepared: 10/31/2014 4:22 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1000 HEALTH CENTER DRIVE	PO Box: 372			1.00
2.00	City: MATTOON	State: IL	Zip Code: 61920-	County: COLES	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	SARAH BUSH LINCOLN HEALTH CENTER	140189	99914	1	05/01/1977	N	P	O	3.00
4.00	Subprovider - IPF	SARAH BUSH LINCOLN HEALTH CENTER	14S189	99914	4	01/01/1990	N	P	O	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									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	LINCOLNLAND HOME CARE OF SBLHS	147594	99914		06/18/1996	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	LINCOLNLAND HOSPICE OF SBLHS	141599	99914		08/10/1999				14.00
15.00	Hospital-Based Health Clinic - RHC	CASEY RHC	143978	99914		06/15/1992	N	O	N	15.00
15.01	Hospital-Based Health Clinic - RHC II	SULLIVAN RHC	143998	99914		01/13/1995	N	O	N	15.01
15.02	Hospital-Based Health Clinic - RHC III	NEOGA RHC	143435	99914		05/31/1997	N	O	N	15.02
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2013	06/30/2014	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(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	N	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.	1	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,571	0	0	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part I | Date/Time Prepared: 10/31/2014 4:22 pm

		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)	N		39.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete 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)	N			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
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/or 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 10/31/2014 4:22 pm

		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	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
	Teaching Hospitals that Claim Residents in Non-Provider Settings					
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 Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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 Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 10/31/2014 4:22 pm

		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.	Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a 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)	N	N	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 a 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.	Y	N	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.	0.00	0.00	97.00
	Rural Providers			
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.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	6,366,208	0	0	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.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	Y	Y	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00

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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:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00
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	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00

		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	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.50	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2013	06/30/2014	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part II | Date/Time Prepared: 10/31/2014 4:22 pm

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for 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	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15.00

			Part A		Part B	
		Description	Y/N	Date	Y/N	
		0	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	09/30/2014	Y	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)		N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part II Date/Time Prepared: 10/31/2014 4:22 pm

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		N	21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				N	33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				Y	35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	N		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BARB	IPPOLITO	41.00
42.00	Enter the employer/company name of the cost report preparer.	SARAH BUSH LINCOLN HEALTH CENTER		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-258-2509	BIPPOLITO@SBLHS.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part II Date/Time Prepared: 10/31/2014 4:22 pm

		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)	09/30/2014			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.		REIMB. ACCOUNTANT		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

VOLUNTARY CONTACT INFORMATION | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part V | Date/Time Prepared: 10/31/2014 4:22 pm

		1.00	
	Cost Report Preparer Contact Information		
1.00	First Name	BARB	1.00
2.00	Last Name	IPPOLITO	2.00
3.00	Title	BUDGETING & REIMBURSEMENT ACCOUNTANT	3.00
4.00	Employer	SARAH BUSH LINCOLN HEALTH CENTER	4.00
5.00	Phone Number	(217)258-25099	5.00
6.00	E-mail Address	BIPPOLITO@SBLHS.ORG	6.00
7.00	Department	ACCOUNTING	7.00
8.00	Mailing Address 1	1000 HEALTH CENTER DRIVE	8.00
9.00	Mailing Address 2	PO BOX 372	9.00
10.00	City	MATTOON	10.00
11.00	State	IL	11.00
12.00	Zip	61938	12.00
	Officer or Administrator of Provider Contact Information		
13.00	First Name	TIM	13.00
14.00	Last Name	OLS	14.00
15.00	Title	PRESIDENT & CEO	15.00
16.00	Employer	SARAH BUSH LINCOLN HEALTH CENTER	16.00
17.00	Phone Number	(217)258-2572	17.00
18.00	E-mail Address	TOLS@SBLHS.ORG	18.00
19.00	Department	ADMINISTRATION	19.00
20.00	Mailing Address 1	1000 HEALTH CENTER DRIVE	20.00
21.00	Mailing Address 2	PO BOX 372	21.00
22.00	City	MATTOON	22.00
23.00	State	IL	23.00
24.00	Zip	61938	24.00

HFS Supplemental Information | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part IX | Date/Time Prepared: 10/31/2014 4:22 pm

		Title V	Title XIX	
		1.00	2.00	
	TITLES V AND/OR XIX FOLLOWING MEDICARE			
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
	CRITICAL ACCESS HOSPITALS			
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
	RCE DISALLOWANCE			
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
	PASS THROUGH COST			
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "O") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part I | Date/Time Prepared: 10/31/2014 4:22 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	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	78	28,470	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)		78	28,470	0.00	0	7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT	32.00	9	3,285	0.00	0	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)		87	31,755	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	20	7,300		0	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY	45.00	0	0		0	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
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.01	RURAL HEALTH CLINIC II	88.01				0	26.01
26.02	RURAL HEALTH CLINIC III	88.02				0	26.02
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		107				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: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part I | Date/Time Prepared: 10/31/2014 4:22 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	10,236	2,428	17,795			1.00
2.00	HMO and other (see instructions)	1,055	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)	10,236	2,428	17,795			7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT	1,058	262	2,005			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		706	1,294			13.00
14.00	Total (see instructions)	11,294	3,396	21,094	0.00	1,492.51	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	852	1,187	2,993	0.00	23.71	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	29,198	0.00	53.25	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	24.40	24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	753	0	3,037	0.00	4.70	26.00
26.01	RURAL HEALTH CLINIC II	735	0	3,820	0.00	7.27	26.01
26.02	RURAL HEALTH CLINIC III	1,340	0	5,718	0.00	7.27	26.02
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				0.00	1,613.11	27.00
28.00	Observation Bed Days		0	4,655			28.00
29.00	Ambulance Trips	0					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)	2	256	549			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part I | Date/Time Prepared: 10/31/2014 4:22 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,745	1,131	5,898	1.00
2.00	HMO and other (see instructions)			266			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	2,745	1,131	5,898	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	184	367	863	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY	0.00					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
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.01	RURAL HEALTH CLINIC II	0.00					26.01
26.02	RURAL HEALTH CLINIC III	0.00					26.02
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: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part II Date/Time Prepared: 10/31/2014 4:22 pm

		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	108,909,822	0	108,909,822	3,355,443.00	32.46	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		1,889,702	0	1,889,702	20,253.00	93.30	3.00
4.00	Physician-Part A - Administrative		702,703	0	702,703	2,900.00	242.31	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		9,511,934	0	9,511,934	52,895.00	179.83	5.00
6.00	Non-physician-Part B		419,677	0	419,677	5,723.00	73.33	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		38,039,140	0	38,039,140	1,017,459.00	37.39	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		0	0	0	0.00	0.00	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		30,064,695	0	30,064,695			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		6,819,454	0	6,819,454			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		469,432	0	469,432			21.00
22.00	Physician Part A - Administrative		70,506	0	70,506			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		1,457,135	0	1,457,135			23.00
24.00	Wage-related costs (RHC/FQHC)		91,154	0	91,154			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	629,387	0	629,387	19,191.00	32.80	26.00
27.00	Administrative & General	5.00	11,644,805	0	11,644,805	363,770.00	32.01	27.00
28.00	Administrative & General under contract (see inst.)		276,333	0	276,333	1,032.00	267.76	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,097,766	0	1,097,766	48,742.00	22.52	30.00
31.00	Laundry & Linen Service	8.00	24,857	0	24,857	2,069.00	12.01	31.00
32.00	Housekeeping	9.00	1,310,699	0	1,310,699	95,246.00	13.76	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,349,244	-974,694	374,550	25,523.00	14.67	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	974,694	974,694	66,420.00	14.67	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,284,996	0	1,284,996	40,164.00	31.99	38.00
39.00	Central Services and Supply	14.00	445,219	0	445,219	28,589.00	15.57	39.00
40.00	Pharmacy	15.00	1,503,170	0	1,503,170	39,615.00	37.94	40.00
41.00	Medical Records & Medical Records Library	16.00	1,580,931	0	1,580,931	85,318.00	18.53	41.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part II Date/Time Prepared: 10/31/2014 4:22 pm

		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	
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part III Date/Time Prepared: 10/31/2014 4:22 pm

		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 III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		97,364,842	0	97,364,842	3,277,604.00	29.71	1.00
2.00	Excluded area salaries (see instructions)		38,039,140	0	38,039,140	1,017,459.00	37.39	2.00
3.00	Subtotal salaries (line 1 minus line 2)		59,325,702	0	59,325,702	2,260,145.00	26.25	3.00
4.00	Subtotal other wages & related costs (see inst.)		0	0	0	0.00	0.00	4.00
5.00	Subtotal wage-related costs (see inst.)		30,135,201	0	30,135,201	0.00	50.80	5.00
6.00	Total (sum of lines 3 thru 5)		89,460,903	0	89,460,903	2,260,145.00	39.58	6.00
7.00	Total overhead cost (see instructions)		21,147,407	0	21,147,407	815,679.00	25.93	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part IV Date/Time Prepared: 10/31/2014 4:22 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	4,478,120	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	670,292	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)	15,825,517	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	653,741	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	270,421	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	29,309	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	247,940	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,497,735	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	6,147,795	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	122,432	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	121,393	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	30,064,695	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: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part V Date/Time Prepared: 10/31/2014 4:22 pm

	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	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			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			8.00
9.00	Hospital-Based NF	0	0	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
14.01	Hospital-Based Health Clinic RHC 1	0	0	14.01
14.02	Hospital-Based Health Clinic RHC 2	0	0	14.02
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA | Provider CCN: 140189 | Component CCN: 147594 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-4 | Date/Time Prepared: 10/31/2014 4:22 pm

Home Health Agency I | PPS

					1.00		
0.00	County						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	0.00	0.00	0.00	0.00	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)		0.00	0.50	0.00	0.50	3.00
4.00	Director(s) and Assistant Director(s)			1.99	0.00	1.99	4.00
5.00	Other Administrative Personnel			12.37	0.00	12.37	5.00
6.00	Direct Nursing Service			25.93	0.00	25.93	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			5.71	0.00	5.71	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			2.13	0.00	2.13	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.44	0.00	0.44	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.87	0.00	0.87	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			3.31	0.00	3.31	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					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	0	0	0	0	0	21.00
22.00	Skilled Nursing Visit Charges	0	0	0	0	0	22.00
23.00	Physical Therapy Visits	0	0	0	0	0	23.00
24.00	Physical Therapy Visit Charges	0	0	0	0	0	24.00
25.00	Occupational Therapy Visits	0	0	0	0	0	25.00
26.00	Occupational Therapy Visit Charges	0	0	0	0	0	26.00
27.00	Speech Pathology Visits	0	0	0	0	0	27.00
28.00	Speech Pathology Visit Charges	0	0	0	0	0	28.00
29.00	Medical Social Service Visits	0	0	0	0	0	29.00
30.00	Medical Social Service Visit Charges	0	0	0	0	0	30.00
31.00	Home Health Aide Visits	0	0	0	0	0	31.00
32.00	Home Health Aide Visit Charges	0	0	0	0	0	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	0	0	0	0	0	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)	0	0	0	0	0	35.00
36.00	Total Number of Episodes (standard/non outlier)	0		0	0	0	36.00
37.00	Total Number of Outlier Episodes		0		0	0	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER
STATISTICAL DATA

Provider CCN: 140189
Component CCN: 143978

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

Worksheet S-8

Date/Time Prepared:
10/31/2014 4:22 pm

		Rural Health Clinic (RHC) I	Cost
		1.00	
	Clinic Address and Identification		
1.00	Street	412 NW 3RD	1.00
		City	State	Zip Code
		1.00	2.00	3.00
2.00	City, State, Zip Code, County	CASEY	IL	62420	2.00
				1.00
3.00	FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0	3.00
			Grant Award	Date
			1.00	2.00
	Source of Federal Funds			
4.00	Community Health Center (Section 330(d), PHS Act)		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 FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)		N	0	10.00

		Sunday		Monday		Tuesday	
		from	to	from	to	from	
		1.00	2.00	3.00	4.00	5.00	
	Facility hours of operations (1)						
11.00	Clinic			08:00	17:00	08:00	11.00

		1.00	2.00
12.00	Have you received an approval for an exception to the productivity standard?			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			14.00

		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)		0	0	0	0	15.00

			County				
			4.00				
2.00	City, State, Zip Code, County		CLARK				2.00
		Tuesday	Wednesday		Thursday		
		to	from	to	from	to	
		6.00	7.00	8.00	9.00	10.00	
	Facility hours of operations (1)						
11.00	Clinic	17:00	08:00	17:00	08:00	17:00	11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 140189 Component CCN: 143978	Period: From 07/01/2013 To 06/30/2014	Worksheet S-8 Date/Time Prepared: 10/31/2014 4:22 pm
		Rural Health Clinic (RHC) I	Cost

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

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER
STATISTICAL DATA

Provider CCN: 140189
Component CCN: 143998

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

Worksheet S-8

Date/Time Prepared:
10/31/2014 4:22 pm

		Rural Health Clinic (RHC) II	Cost	
		1.00		
	Clinic Address and Identification			
1.00	Street	7 HAWTHORNE LANE		1.00
		City	State	Zip Code
		1.00	2.00	3.00
2.00	City, State, Zip Code, County	SULLIVAN	IL	61951 2.00
			1.00	
3.00	FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban		0	3.00
		Grant Award	Date	
		1.00	2.00	
	Source of Federal Funds			
4.00	Community Health Center (Section 330(d), PHS Act)	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 FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N	0	10.00

		Sunday		Monday		Tuesday	
		from	to	from	to	from	
		1.00	2.00	3.00	4.00	5.00	
	Facility hours of operations (1)						
11.00	Clinic			08:00	17:00	08:00	11.00

		1.00	2.00	
12.00	Have you received an approval for an exception to the productivity standard?			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			14.00

		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)		0	0	0	0	15.00

			County				
			4.00				
2.00	City, State, Zip Code, County		MOULTRIE				2.00
		Tuesday	Wednesday		Thursday		
		to	from	to	from	to	
		6.00	7.00	8.00	9.00	10.00	
	Facility hours of operations (1)						
11.00	Clinic	17:00	08:00	17:00	08:00	17:00	11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER
STATISTICAL DATA

Provider CCN: 140189
Component CCN: 143998

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

Worksheet S-8

Date/Time Prepared:
10/31/2014 4:22 pm

Rural Health Clinic (RHC) II

Cost

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

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER
STATISTICAL DATA

Provider CCN: 140189
Component CCN: 143435

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

Worksheet S-8

Date/Time Prepared:
10/31/2014 4:22 pm

		Rural Health Clinic (RHC) III	Cost
		1.00	
	Clinic Address and Identification		
1.00	Street	650 OAK AVENUE	1.00

		City	State	Zip Code	
		1.00	2.00	3.00	
2.00	City, State, Zip Code, County	NEOGA	IL	62447	2.00

		1.00	
3.00	FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban	0	3.00

		Grant Award	Date	
		1.00	2.00	
	Source of Federal Funds			
4.00	Community Health Center (Section 330(d), PHS Act)	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 FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N	0	10.00

		Sunday		Monday		Tuesday	
		from	to	from	to	from	
		1.00	2.00	3.00	4.00	5.00	
	Facility hours of operations (1)						
11.00	Clinic			08:00	17:00	08:00	11.00

		1.00	2.00
12.00	Have you received an approval for an exception to the productivity standard?		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			14.00

		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)		0	0	0	0	15.00

			County			
			4.00			
2.00	City, State, Zip Code, County		CUMBERLAND			2.00

		Tuesday	Wednesday		Thursday		
		to	from	to	from	to	
		6.00	7.00	8.00	9.00	10.00	
	Facility hours of operations (1)						
11.00	Clinic	17:00	08:00	17:00	08:00	17:00	11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER
STATISTICAL DATA

Provider CCN: 140189
Component CCN: 143435

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

Worksheet S-8

Date/Time Prepared:
10/31/2014 4:22 pm

Rural Health Clinic (RHC) III

Cost

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

HOSPITAL IDENTIFICATION DATA | Provider CCN: 140189 Component CCN: 141599 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-9 Parts I & II Date/Time Prepared: 10/31/2014 4:22 pm

Hospice I

		Unduplicated Days Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 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	18,652	726	8,581	257	1,897	21,275	2.00
3.00	Inpatient Respite Care	81	0	0	0	0	81	3.00
4.00	General Inpatient Care	50	0	0	0	2	52	4.00
5.00	Total Hospice Days	18,783	726	8,581	257	1,899	21,408	5.00
	Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	225	9	269	11	95	329	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)	83.48	80.67	31.90	23.36	19.99	65.07	8.00
9.00	Unduplicated Census Count	564	0	0	0	0	564	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-10 | Date/Time Prepared: 10/31/2014 4:22 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.263831	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	7,177,265	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	7,058,241	5.00
6.00	Medicaid charges	88,238,365	6.00
7.00	Medicaid cost (line 1 times line 6)	23,280,016	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)	9,044,510	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	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	9,044,510	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		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	3,817,262	18,415,946	22,233,208	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,007,112	4,858,697	5,865,809	21.00
22.00	Partial payment by patients approved for charity care	108,227	1,744,435	1,852,662	22.00
23.00	Cost of charity care (line 21 minus line 22)	898,885	3,114,262	4,013,147	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)	10,985,283	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	965,487	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	10,019,796	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	2,643,533	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	6,656,680	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	15,701,190	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A | Date/Time Prepared: 10/31/2014 4:22 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (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	5,207,272	5,207,272	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	7,583,871	7,583,871	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	629,387	24,078,692	24,708,079	196,851	24,904,930	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,644,805	33,250,720	44,895,525	-14,520,540	30,374,985	5.00
7.00	00700	OPERATION OF PLANT	1,097,766	3,304,307	4,402,073	-43,230	4,358,843	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	24,857	541,119	565,976	0	565,976	8.00
9.00	00900	HOUSEKEEPING	1,310,699	355,295	1,665,994	0	1,665,994	9.00
10.00	01000	DIETARY	1,349,244	1,109,084	2,458,328	-1,775,896	682,432	10.00
11.00	01100	CAFETERIA	0	0	0	1,775,896	1,775,896	11.00
13.00	01300	NURSING ADMINISTRATION	1,284,996	179,464	1,464,460	-8,195	1,456,265	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	445,219	757,471	1,202,690	-23,359	1,179,331	14.00
15.00	01500	PHARMACY	1,503,170	9,028,183	10,531,353	-8,712,496	1,818,857	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,580,931	441,549	2,022,480	-7,368	2,015,112	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,076,832	1,521,143	12,597,975	-954,883	11,643,092	30.00
32.00	03200	CORONARY CARE UNIT	1,234,122	189,685	1,423,807	-929	1,422,878	32.00
40.00	04000	SUBPROVIDER - IPF	2,599,427	254,119	2,853,546	14,683	2,868,229	40.00
43.00	04300	NURSERY	0	17,237	17,237	411,408	428,645	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,298,417	1,851,842	6,150,259	-112,452	6,037,807	50.00
51.00	05100	RECOVERY ROOM	1,346,772	280,789	1,627,561	-8,082	1,619,479	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	73,730	73,730	624,336	698,066	52.00
53.00	05300	ANESTHESIOLOGY	5,303,338	580,660	5,883,998	507,538	6,391,536	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,710,868	1,312,937	6,023,805	-345,376	5,678,429	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,741,925	406,494	2,148,419	29,519	2,177,938	55.00
56.00	05600	RADIOISOTOPE	829,623	1,174,499	2,004,122	200,223	2,204,345	56.00
57.00	05700	CT SCAN	323,821	662,662	986,483	81,073	1,067,556	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	202,772	195,100	397,872	48,534	446,406	58.00
59.00	05900	CARDIAC CATHETERIZATION	492,628	296,028	788,656	-1,425	787,231	59.00
60.00	06000	LABORATORY	4,539,333	5,296,687	9,836,020	10,153	9,846,173	60.00
65.00	06500	RESPIRATORY THERAPY	868,376	237,230	1,105,606	3,574	1,109,180	65.00
66.00	06600	PHYSICAL THERAPY	1,608,609	778,928	2,387,537	-16,328	2,371,209	66.00
67.00	06700	OCCUPATIONAL THERAPY	369,021	53,385	422,406	0	422,406	67.00
68.00	06800	SPEECH PATHOLOGY	734,344	429,543	1,163,887	-941	1,162,946	68.00
69.00	06900	ELECTROCARDIOLOGY	1,101,661	2,299,993	3,401,654	1,099	3,402,753	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	645,160	919,365	1,564,525	-7,271	1,557,254	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,540,520	3,540,520	0	3,540,520	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	6,080,142	6,080,142	0	6,080,142	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	8,548,157	8,548,157	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	533,353	55,170	588,523	-17,015	571,508	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	246,607	96,135	342,742	9,654	352,396	88.00
88.01	08801	RURAL HEALTH CLINIC II	496,789	147,528	644,317	23,958	668,275	88.01
88.02	08802	RURAL HEALTH CLINIC III	638,438	115,143	753,581	23,977	777,558	88.02
91.00	09100	EMERGENCY	6,656,799	2,638,895	9,295,694	269,489	9,565,183	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,086,107	702,663	3,788,770	-13,840	3,774,930	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	1,246,037	993,568	2,239,605	-221,565	2,018,040	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	77,802,253	106,247,704	184,049,957	-1,219,926	182,830,031	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	28,168,002	6,964,975	35,132,977	1,416,538	36,549,515	192.00
194.00	07950	WELLNESS	352,058	415,078	767,136	-3,032	764,104	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	686,518	919,813	1,606,331	0	1,606,331	194.01
194.02	07951	LIFELINE	34,106	134,678	168,784	0	168,784	194.02
194.03	07952	OCCUPATIONAL HEALTH	330,908	102,446	433,354	-188,153	245,201	194.03
194.05	07954	MISC. NONREIMBURSABLE	1,535,977	689,246	2,225,223	-5,427	2,219,796	194.05
200.00		TOTAL (SUM OF LINES 118-199)	108,909,822	115,473,940	224,383,762	0	224,383,762	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A | Date/Time Prepared: 10/31/2014 4:22 pm

		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	-1,260,742	3,946,530		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	7,583,871		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-369,027	24,535,903		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-6,723,743	23,651,242		5.00
7.00	00700	OPERATION OF PLANT	-1,133	4,357,710		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	565,976		8.00
9.00	00900	HOUSEKEEPING	-598	1,665,396		9.00
10.00	01000	DIETARY	-6,538	675,894		10.00
11.00	01100	CAFETERIA	-765,990	1,009,906		11.00
13.00	01300	NURSING ADMINISTRATION	0	1,456,265		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,179,331		14.00
15.00	01500	PHARMACY	0	1,818,857		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-79,061	1,936,051		16.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-2,364,825	9,278,267		30.00
32.00	03200	CORONARY CARE UNIT	0	1,422,878		32.00
40.00	04000	SUBPROVIDER - IPF	-1,504,451	1,363,778		40.00
43.00	04300	NURSERY	0	428,645		43.00
45.00	04500	NURSING FACILITY	0	0		45.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	6,037,807		50.00
51.00	05100	RECOVERY ROOM	0	1,619,479		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	698,066		52.00
53.00	05300	ANESTHESIOLOGY	-5,773,361	618,175		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-4,518	5,673,911		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-987,896	1,190,042		55.00
56.00	05600	RADIOISOTOPE	-5,312	2,199,033		56.00
57.00	05700	CT SCAN	-5,488	1,062,068		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	446,406		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	787,231		59.00
60.00	06000	LABORATORY	-760,901	9,085,272		60.00
65.00	06500	RESPIRATORY THERAPY	0	1,109,180		65.00
66.00	06600	PHYSICAL THERAPY	-5,231	2,365,978		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	422,406		67.00
68.00	06800	SPEECH PATHOLOGY	-683,317	479,629		68.00
69.00	06900	ELECTROCARDIOLOGY	-2,196,680	1,206,073		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-315,624	1,241,630		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,540,520		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	6,080,142		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,548,157		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	571,508		76.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	352,396		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	668,275		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	777,558		88.02
91.00	09100	EMERGENCY	-5,013,155	4,552,028		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	3,774,930		101.00
		SPECIAL PURPOSE COST CENTERS				
116.00	11600	HOSPICE	0	2,018,040		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-28,827,591	154,002,440		118.00
		NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	36,549,515		192.00
194.00	07950	WELLNESS	0	764,104		194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	1,606,331		194.01
194.02	07951	LIFELINE	0	168,784		194.02
194.03	07952	OCCUPATIONAL HEALTH	0	245,201		194.03
194.05	07954	MISC. NONREIMBURSABLE	0	2,219,796		194.05
200.00		TOTAL (SUM OF LINES 118-199)	-28,827,591	195,556,171		200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet Non-CMS W | Date/Time Prepared: 10/31/2014 4:22 pm

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	03000		30.00
32.00	CORONARY CARE UNIT	03200		32.00
40.00	SUBPROVIDER - IPF	04000		40.00
43.00	NURSERY	04300		43.00
45.00	NURSING FACILITY	04500		45.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00
76.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	03020		76.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	08800		88.00
88.01	RURAL HEALTH CLINIC II	08801		88.01
88.02	RURAL HEALTH CLINIC III	08802		88.02
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
	OTHER REIMBURSABLE COST CENTERS			
101.00	HOME HEALTH AGENCY	10100		101.00
	SPECIAL PURPOSE COST CENTERS			
116.00	HOSPICE	11600		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00	WELLNESS	07950		194.00
194.01	OTHER NONREIMB PROGRAM: PEACE MEAL	07953		194.01
194.02	LIFELINE	07951		194.02
194.03	OCCUPATIONAL HEALTH	07952		194.03
194.05	MISC. NONREIMBURSABLE	07954		194.05
200.00	TOTAL (SUM OF LINES 118-199)			200.00

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - DRUGS CHARGED TO PATIENTS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,548,157	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
	TOTALS		0	8,548,157	
	B - RADIOLOGY ADMIN EXPENSE ALLOCATION				
1.00	RADIOISOTOPE	56.00	179,007	21,216	1.00
2.00	CT SCAN	57.00	69,871	16,242	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	43,752	4,782	3.00
	TOTALS		292,630	42,240	
	C - NEW CAP REL COSTS-MOVABLE EQUIP				
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	789,917	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00	RESPIRATORY THERAPY	65.00	0	3,574	32.00
	TOTALS		0	793,491	
	D - DEPRECIATION				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,946,530	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	6,793,954	2.00
	TOTALS		0	10,740,484	
	E - CAFETERIA				
1.00	CAFETERIA	11.00	974,694	801,202	1.00
	TOTALS		974,694	801,202	
	F - EMPLOYEE PHYSICALS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	186,291	1.00
	TOTALS		0	186,291	
	G - EAP BENEFITS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	17,015	1.00
	TOTALS		0	17,015	
	H - INTEREST EXPENSE				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,260,742	1.00
	TOTALS		0	1,260,742	
	I - NURSERY/L&D S&W EXPENSES				
1.00	NURSERY	43.00	411,408	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	624,336	0	2.00
	TOTALS		1,035,744	0	

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	J - PHYSN PROF LIABILITY EXP				
1.00	ADULTS & PEDIATRICS	30.00	0	98,583	1.00
2.00	SUBPROVIDER - IPF	40.00	0	17,604	2.00
3.00	ANESTHESIOLOGY	53.00	0	510,521	3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	31,688	4.00
5.00	LABORATORY	60.00	0	14,083	5.00
6.00	ELECTROCARDIOLOGY	69.00	0	7,042	6.00
7.00	EMERGENCY	91.00	0	278,146	7.00
8.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,464,795	8.00
9.00	RURAL HEALTH CLINIC	88.00	0	10,562	9.00
10.00	RURAL HEALTH CLINIC II	88.01	0	24,645	10.00
11.00	RURAL HEALTH CLINIC III	88.02	0	24,645	11.00
	TOTALS		0	2,482,314	
500.00	Grand Total: Increases		2,303,068	24,871,936	500.00

RECLASSIFICATIONS | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 10/31/2014 4:22 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	8,532,729	0		1.00
2.00	OPERATING ROOM	50.00	0	986	0		2.00
3.00	RECOVERY ROOM	51.00	0	6,663	0		3.00
4.00	ANESTHESIOLOGY	53.00	0	2,983	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	18	0		5.00
6.00	CT SCAN	57.00	0	4,760	0		6.00
7.00	PHYSICAL THERAPY	66.00	0	18	0		7.00
	TOTALS		0	8,548,157			
	B - RADIOLOGY ADMIN EXPENSE ALLOCATION						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	292,630	42,240	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		292,630	42,240			
	C - NEW CAP REL COSTS-MOVABLE EQUIP						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,455	14		1.00
2.00	OPERATION OF PLANT	7.00	0	43,230	14		2.00
3.00	NURSING ADMINISTRATION	13.00	0	8,195	14		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	23,359	14		4.00
5.00	PHARMACY	15.00	0	179,767	14		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	7,368	14		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	17,722	14		7.00
8.00	CORONARY CARE UNIT	32.00	0	929	14		8.00
9.00	SUBPROVIDER - IPF	40.00	0	2,921	14		9.00
10.00	OPERATING ROOM	50.00	0	111,466	14		10.00
11.00	RECOVERY ROOM	51.00	0	1,419	14		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,488	14		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,169	14		13.00
14.00	CT SCAN	57.00	0	280	14		14.00
15.00	LABORATORY	60.00	0	3,930	14		15.00
16.00	PHYSICAL THERAPY	66.00	0	16,310	14		16.00
17.00	SPEECH PATHOLOGY	68.00	0	941	14		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	5,943	14		18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,271	14		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	1,425	14		20.00
21.00	RURAL HEALTH CLINIC	88.00	0	908	14		21.00
22.00	RURAL HEALTH CLINIC II	88.01	0	687	14		22.00
23.00	RURAL HEALTH CLINIC III	88.02	0	668	14		23.00
24.00	EMERGENCY	91.00	0	8,657	14		24.00
25.00	HOME HEALTH AGENCY	101.00	0	13,840	14		25.00
26.00	HOSPICE	116.00	0	221,565	14		26.00
27.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	48,257	14		27.00
28.00	WELLNESS	194.00	0	3,032	14		28.00
29.00	OCCUPATIONAL HEALTH	194.03	0	1,862	14		29.00
30.00	MISC. NONREIMBURSABLE	194.05	0	5,427	14		30.00
31.00	ADMINISTRATIVE & GENERAL	5.00	0	37,000	14		31.00
32.00		0.00	0	0	0		32.00
	TOTALS		0	793,491			
	D - DEPRECIATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	10,740,484	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	10,740,484			
	E - CAFETERIA						
1.00	DIETARY	10.00	974,694	801,202	0		1.00
	TOTALS		974,694	801,202			
	F - EMPLOYEE PHYSICALS						
1.00	OCCUPATIONAL HEALTH	194.03	0	186,291	0		1.00
	TOTALS		0	186,291			
	G - EAP BENEFITS						
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	17,015	0		1.00
	TOTALS		0	17,015			
	H - INTEREST EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,260,742	11		1.00
	TOTALS		0	1,260,742			
	I - NURSERY/L&D S&W EXPENSES						
1.00	ADULTS & PEDIATRICS	30.00	1,035,744	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,035,744	0			
	J - PHYSN PROF LIABILITY EXP						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,482,314	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
	TOTALS		0	2,482,314			
500.00	Grand Total: Decreases		2,303,068	24,871,936			500.00

RECLASSIFICATIONS | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 10/31/2014 4:22 pm

	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
	A - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	PHARMACY	15.00	0	1.00
2.00		0.00	0	OPERATING ROOM	50.00	0	2.00
3.00		0.00	0	RECOVERY ROOM	51.00	0	3.00
4.00		0.00	0	ANESTHESIOLOGY	53.00	0	4.00
5.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	5.00
6.00		0.00	0	CT SCAN	57.00	0	6.00
7.00		0.00	0	PHYSICAL THERAPY	66.00	0	7.00
	TOTALS		0	TOTALS		0	
	B - RADIOLOGY ADMIN EXPENSE ALLOCATION						
1.00	RADIOISOTOPE	56.00	179,007	RADIOLOGY-DIAGNOSTIC	54.00	292,630	1.00
2.00	CT SCAN	57.00	69,871		0.00	0	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	43,752		0.00	0	3.00
	TOTALS		292,630	TOTALS		292,630	
	C - NEW CAP REL COSTS-MOVABLE EQUIP						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1.00
2.00		0.00	0	OPERATION OF PLANT	7.00	0	2.00
3.00		0.00	0	NURSING ADMINISTRATION	13.00	0	3.00
4.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	4.00
5.00		0.00	0	PHARMACY	15.00	0	5.00
6.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.00	0	6.00
7.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	7.00
8.00		0.00	0	CORONARY CARE UNIT	32.00	0	8.00
9.00		0.00	0	SUBPROVIDER - IPF	40.00	0	9.00
10.00		0.00	0	OPERATING ROOM	50.00	0	10.00
11.00		0.00	0	RECOVERY ROOM	51.00	0	11.00
12.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	12.00
13.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	0	13.00
14.00		0.00	0	CT SCAN	57.00	0	14.00
15.00		0.00	0	LABORATORY	60.00	0	15.00
16.00		0.00	0	PHYSICAL THERAPY	66.00	0	16.00
17.00		0.00	0	SPEECH PATHOLOGY	68.00	0	17.00
18.00		0.00	0	ELECTROCARDIOLOGY	69.00	0	18.00
19.00		0.00	0	ELECTROENCEPHALOGRAPHY	70.00	0	19.00
20.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0	20.00
21.00		0.00	0	RURAL HEALTH CLINIC	88.00	0	21.00
22.00		0.00	0	RURAL HEALTH CLINIC II	88.01	0	22.00
23.00		0.00	0	RURAL HEALTH CLINIC III	88.02	0	23.00
24.00		0.00	0	EMERGENCY	91.00	0	24.00
25.00		0.00	0	HOME HEALTH AGENCY	101.00	0	25.00
26.00		0.00	0	HOSPICE	116.00	0	26.00
27.00		0.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	27.00
28.00		0.00	0	WELLNESS	194.00	0	28.00
29.00		0.00	0	OCCUPATIONAL HEALTH	194.03	0	29.00
30.00		0.00	0	MISC. NONREIMBURSABLE	194.05	0	30.00
31.00		0.00	0	ADMINISTRATIVE & GENERAL	5.00	0	31.00
32.00	RESPIRATORY THERAPY	65.00	0		0.00	0	32.00
	TOTALS		0	TOTALS		0	
	D - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0		0.00	0	2.00
	TOTALS		0	TOTALS		0	
	E - CAFETERIA						
1.00	CAFETERIA	11.00	974,694	DIETARY	10.00	974,694	1.00
	TOTALS		974,694	TOTALS		974,694	
	F - EMPLOYEE PHYSICALS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	OCCUPATIONAL HEALTH	194.03	0	1.00
	TOTALS		0	TOTALS		0	
	G - EAP BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	1.00
	TOTALS		0	TOTALS		0	
	H - INTEREST EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	ADMINISTRATIVE & GENERAL	5.00	0	1.00
	TOTALS		0	TOTALS		0	
	I - NURSERY/L&D S&W EXPENSES						
1.00	NURSERY	43.00	411,408	ADULTS & PEDIATRICS	30.00	1,035,744	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	624,336		0.00	0	2.00
	TOTALS		1,035,744	TOTALS		1,035,744	

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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
	J - PHYSN PROF LIABILITY EXP						
1.00	ADULTS & PEDIATRICS	30.00	0	ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00	SUBPROVIDER - IPF	40.00	0		0.00	0	2.00
3.00	ANESTHESIOLOGY	53.00	0		0.00	0	3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0		0.00	0	4.00
5.00	LABORATORY	60.00	0		0.00	0	5.00
6.00	ELECTROCARDIOLOGY	69.00	0		0.00	0	6.00
7.00	EMERGENCY	91.00	0		0.00	0	7.00
8.00	PHYSICIANS' PRIVATE OFFICES	192.00	0		0.00	0	8.00
9.00	RURAL HEALTH CLINIC	88.00	0		0.00	0	9.00
10.00	RURAL HEALTH CLINIC II	88.01	0		0.00	0	10.00
11.00	RURAL HEALTH CLINIC III	88.02	0		0.00	0	11.00
	TOTALS		0	TOTALS		0	
500.00	Grand Total: Increases		2,303,068	Grand Total: Decreases		2,303,068	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-7 Part I | Date/Time Prepared: 10/31/2014 4:22 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,194,269	71,149	0	71,149	0	1.00
2.00	Land Improvements	7,208,157	133,946	0	133,946	0	2.00
3.00	Buildings and Fixtures	83,702,952	26,841,382	0	26,841,382	2,620,095	3.00
4.00	Building Improvements	479,837	147,016	0	147,016	0	4.00
5.00	Fixed Equipment	13,242,497	297,694	0	297,694	9,804	5.00
6.00	Movable Equipment	74,240,402	11,178,099	0	11,178,099	2,132,835	6.00
7.00	HIT designated Assets	448,540	85,095	0	85,095	0	7.00
8.00	Subtotal (sum of lines 1-7)	182,516,654	38,754,381	0	38,754,381	4,762,734	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	182,516,654	38,754,381	0	38,754,381	4,762,734	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	3,265,418	0	1.00
2.00	Land Improvements	7,342,103	0	2.00
3.00	Buildings and Fixtures	107,924,239	0	3.00
4.00	Building Improvements	626,853	0	4.00
5.00	Fixed Equipment	13,530,387	0	5.00
6.00	Movable Equipment	83,285,666	0	6.00
7.00	HIT designated Assets	533,635	0	7.00
8.00	Subtotal (sum of lines 1-7)	216,508,301	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	216,508,301	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-7 Part II | Date/Time Prepared: 10/31/2014 4:22 pm

	Cost Center Description	SUMMARY OF CAPITAL: Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	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
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00
3.00	Total (sum of lines 1-2)	0	0		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-7 Part III | Date/Time Prepared: 10/31/2014 4:22 pm

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: 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	3,946,531	0	3,946,531	0.347437	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	7,412,437	0	7,412,437	0.652563	0	2.00
3.00	Total (sum of lines 1-2)	11,358,968	0	11,358,968	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: 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	3,946,530	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	6,793,954	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,740,484	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: 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	3,946,530	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	789,917	7,583,871	2.00
3.00	Total (sum of lines 1-2)	0	0	0	789,917	11,530,401	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8 | Date/Time Prepared: 10/31/2014 4:22 pm

	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
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-16,676,284			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-765,990	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-79,061	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-598	HOUSEKEEPING	9.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	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

ADJUSTMENTS TO EXPENSES | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8 | Date/Time Prepared: 10/31/2014 4:22 pm

	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	
33.00	INVESTMENT INCOME	B	-1,260,742	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	33.00
35.00	A&G OTHER INCOME	B	-292,893	ADMINISTRATIVE & GENERAL	5.00	0	35.00
36.00	DIETARY OUTREACH REVENUE	B	-6,538	DIETARY	10.00	0	36.00
37.00	FACILITIES SVC OTHER REV	B	-1,133	OPERATION OF PLANT	7.00	0	37.00
38.00	W&C OTHER REV (BABY CLASSES)	B	-5,919	ADULTS & PEDIATRICS	30.00	0	38.00
39.00	XRAY OTHER REVENUE	B	-4,518	RADIOLOGY-DIAGNOSTIC	54.00	0	39.00
41.00	PHYSICAL THERAPY OTHER REV	B	-5,231	PHYSICAL THERAPY	66.00	0	41.00
42.00	MEDICAID ASSESSMENT TAX	A	-6,392,100	ADMINISTRATIVE & GENERAL	5.00	0	42.00
43.00	SPEECH/AUDIO OTHER REV	B	-683,317	SPEECH PATHOLOGY	68.00	0	43.00
44.00	CARDIOLOGY OTHER REV	B	-74,403	ELECTROCARDIOLOGY	69.00	0	44.00
45.00	EMERGENCY (EMS) OTHER REV	B	-180,981	EMERGENCY	91.00	0	45.00
45.01	AHA/IHA LOBBYING FEES	A	-38,750	ADMINISTRATIVE & GENERAL	5.00	0	45.01
45.02	CRNA S&W (EMPLOYEES & LOCUM TENENS)	A	-1,990,106	ANESTHESIOLOGY	53.00	0	45.02
45.03	CRNA (BENEFIT EXP)	A	-369,027	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.03
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-28,827,591				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: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8-2 | Date/Time Prepared: 10/31/2014 4:22 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	2,358,906	2,358,906	0	138,700	0	1.00
2.00	40.00	SUBPROVIDER - IPF	1,504,451	1,504,451	0	138,700	0	2.00
3.00	53.00	ANESTHESIOLOGY	3,438,319	3,438,319	0	167,500	0	3.00
4.00	53.00	DR. A	493,489	138,441	355,048	167,500	1,508	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	987,896	987,896	0	217,600	0	5.00
6.00	56.00	RADIOISOTOPE	5,312	5,312	0	217,600	0	6.00
7.00	57.00	CT SCAN	5,488	5,488	0	217,600	0	7.00
8.00	60.00	DR. B	421,562	380,976	40,586	208,000	215	8.00
9.00	60.00	DR. C	376,216	351,104	25,112	208,000	137	9.00
10.00	69.00	ELECTROCARDIOLOGY	2,122,277	2,122,277	0	159,800	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	315,624	315,624	0	159,800	0	11.00
12.00	91.00	EMERGENCY	4,362,983	4,362,983	0	159,800	0	12.00
13.00	91.00	DR. D	563,914	281,957	281,957	159,800	1,040	13.00
200.00			16,956,437	16,253,734	702,703		2,900	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	30.00	ADULTS & PEDIATRICS	0	0	36,421	0	98,583	1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	9,694	0	21,897	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	65,634	0	478,833	3.00
4.00	53.00	DR. A	121,438	6,072	6,000	4,317	31,688	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	9,154	0	31,688	5.00
6.00	56.00	RADIOISOTOPE	0	0	0	0	0	6.00
7.00	57.00	CT SCAN	0	0	0	0	0	7.00
8.00	60.00	DR. B	21,500	1,075	4,537	437	7,042	8.00
9.00	60.00	DR. C	13,700	685	1,379	92	7,042	9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	0	0	45,565	0	253,500	12.00
13.00	91.00	DR. D	79,900	3,995	5,000	2,500	24,646	13.00
200.00			236,538	11,827	183,384	7,346	954,919	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	30.00	ADULTS & PEDIATRICS	0	0	0	2,358,906		1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	1,504,451		2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	3,438,319		3.00
4.00	53.00	DR. A	22,798	148,553	206,495	344,936		4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	987,896		5.00
6.00	56.00	RADIOISOTOPE	0	0	0	5,312		6.00
7.00	57.00	CT SCAN	0	0	0	5,488		7.00
8.00	60.00	DR. B	678	22,615	17,971	398,947		8.00
9.00	60.00	DR. C	470	14,262	10,850	361,954		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	2,122,277		10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	315,624		11.00
12.00	91.00	EMERGENCY	0	0	0	4,362,983		12.00
13.00	91.00	DR. D	12,323	94,723	187,234	469,191		13.00
200.00			36,269	280,153	422,550	16,676,284		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 10/31/2014 4:22 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	CAPITAL RELATED COSTS NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	3,946,530	3,946,530				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	7,583,871		7,583,871			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	24,535,903	32,363	6,879	24,575,145		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	23,651,242	566,823	1,816,405	2,642,882	28,677,352	5.00
7.00	00700	OPERATION OF PLANT	4,357,710	280,722	148,883	249,147	5,036,462	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	565,976	9,396	0	5,641	581,013	8.00
9.00	00900	HOUSEKEEPING	1,665,396	82,093	9,568	297,474	2,054,531	9.00
10.00	01000	DIETARY	675,894	58,073	66,740	85,007	885,714	10.00
11.00	01100	CAFETERIA	1,009,906	35,150	25,189	221,215	1,291,460	11.00
13.00	01300	NURSING ADMINISTRATION	1,456,265	12,537	1,862	291,640	1,762,304	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,179,331	56,436	178,823	101,046	1,515,636	14.00
15.00	01500	PHARMACY	1,818,857	25,967	14,972	341,156	2,200,952	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,936,051	28,170	96,718	358,805	2,419,744	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,278,267	296,302	321,339	2,278,905	12,174,813	30.00
32.00	03200	CORONARY CARE UNIT	1,422,878	39,211	101,327	280,094	1,843,510	32.00
40.00	04000	SUBPROVIDER - IPF	1,363,778	77,121	20,919	589,961	2,051,779	40.00
43.00	04300	NURSERY	428,645	5,459	16,140	93,372	543,616	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,037,807	309,493	1,185,072	975,560	8,507,932	50.00
51.00	05100	RECOVERY ROOM	1,619,479	13,917	3,468	305,661	1,942,525	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	698,066	12,448	90,733	141,698	942,945	52.00
53.00	05300	ANESTHESIOLOGY	618,175	5,715	63,295	1,203,635	1,890,820	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,673,911	119,756	688,685	1,002,754	7,485,106	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,190,042	60,533	39,690	395,344	1,685,609	55.00
56.00	05600	RADIOISOTOPE	2,199,033	17,234	327,640	228,917	2,772,824	56.00
57.00	05700	CT SCAN	1,062,068	13,501	259,663	89,352	1,424,584	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	446,406	18,075	400,291	55,951	920,723	58.00
59.00	05900	CARDIAC CATHETERIZATION	787,231	25,144	338,897	111,806	1,263,078	59.00
60.00	06000	LABORATORY	9,085,272	78,457	416,143	1,030,238	10,610,110	60.00
65.00	06500	RESPIRATORY THERAPY	1,109,180	13,669	59,347	197,085	1,379,281	65.00
66.00	06600	PHYSICAL THERAPY	2,365,978	127,205	48,206	365,087	2,906,476	66.00
67.00	06700	OCCUPATIONAL THERAPY	422,406	3,734	566	83,752	510,458	67.00
68.00	06800	SPEECH PATHOLOGY	479,629	27,373	22,914	166,665	696,581	68.00
69.00	06900	ELECTROCARDIOLOGY	1,206,073	50,721	113,296	250,031	1,620,121	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,241,630	40,618	52,477	146,424	1,481,149	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,540,520	0	0	0	3,540,520	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	6,080,142	0	0	0	6,080,142	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,548,157	0	0	0	8,548,157	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	571,508	24,056	4,648	121,049	721,261	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	352,396	126,020	8,956	55,969	543,341	88.00
88.01	08801	RURAL HEALTH CLINIC II	668,275	61,409	5,001	112,750	847,435	88.01
88.02	08802	RURAL HEALTH CLINIC III	777,558	25,046	8,102	144,899	955,605	88.02
91.00	09100	EMERGENCY	4,552,028	79,483	135,388	1,510,814	6,277,713	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,774,930	35,300	3,432	700,417	4,514,079	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	2,018,040	13,271	0	282,798	2,314,109	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	154,002,440	2,908,001	7,101,674	17,515,001	145,421,570	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	36,549,515	847,969	324,563	6,392,986	44,115,033	192.00
194.00	07950	WELLNESS	764,104	0	2,828	79,902	846,834	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	1,606,331	0	4,860	155,811	1,767,002	194.01
194.02	07951	LIFELINE	168,784	2,123	0	7,741	178,648	194.02
194.03	07952	OCCUPATIONAL HEALTH	245,201	25,754	5,482	75,102	351,539	194.03
194.05	07954	MISC. NONREIMBURSABLE	2,219,796	162,683	144,464	348,602	2,875,545	194.05
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	195,556,171	3,946,530	7,583,871	24,575,145	195,556,171	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I | Date/Time Prepared: 10/31/2014 4:22 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	28,677,352					5.00
7.00	00700	OPERATION OF PLANT	865,491	5,901,953				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	99,844	18,401	699,258			8.00
9.00	00900	HOUSEKEEPING	353,061	110,734	7,359	2,525,685		9.00
10.00	01000	DIETARY	152,206	113,731	6,713	0	1,158,364	10.00
11.00	01100	CAFETERIA	221,931	68,838	0	135,914	0	11.00
13.00	01300	NURSING ADMINISTRATION	302,843	24,552	0	22,887	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	260,454	110,526	11,390	42,253	0	14.00
15.00	01500	PHARMACY	378,223	45,655	0	18,310	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	415,821	69,497	0	15,493	0	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,092,181	580,281	230,573	32,042	965,359	30.00
32.00	03200	CORONARY CARE UNIT	316,798	85,038	19,720	100,351	45,808	32.00
40.00	04000	SUBPROVIDER - IPF	352,588	151,035	10,451	119,717	116,551	40.00
43.00	04300	NURSERY	93,418	10,690	8,253	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,462,046	625,122	142,654	299,998	7,619	50.00
51.00	05100	RECOVERY ROOM	333,813	147,310	17,588	14,084	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	162,040	24,378	16,485	0	0	52.00
53.00	05300	ANESTHESIOLOGY	324,928	11,193	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,286,278	234,531	69,342	49,295	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	289,663	118,548	10,068	64,436	0	55.00
56.00	05600	RADIOISOTOPE	476,496	33,752	0	27,112	0	56.00
57.00	05700	CT SCAN	244,808	26,440	0	15,493	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	158,222	35,398	0	99,999	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	217,054	49,242	8,799	51,408	0	59.00
60.00	06000	LABORATORY	1,823,294	195,651	198	138,027	0	60.00
65.00	06500	RESPIRATORY THERAPY	237,023	26,769	0	5,634	0	65.00
66.00	06600	PHYSICAL THERAPY	499,463	133,882	10,136	227,815	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	87,720	0	0	25,352	0	67.00
68.00	06800	SPEECH PATHOLOGY	119,704	43,697	219	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	278,410	99,333	7,279	95,774	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	254,528	79,546	846	28,169	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	608,421	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	1,044,842	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,468,958	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	123,945	47,111	0	28,169	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	93,370	246,798	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	145,627	120,263	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	164,216	49,051	0	0	0	88.02
91.00	09100	EMERGENCY	1,078,794	155,661	119,500	308,096	23,027	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	775,722	56,762	0	11,268	0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	397,668	40,544	0	11,268	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,061,912	3,989,960	697,573	1,988,364	1,158,364	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,581,008	1,538,799	1,026	409,153	0	192.00
194.00	07950	WELLNESS	145,524	0	10	47,887	0	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	303,650	0	0	0	0	194.01
194.02	07951	LIFELINE	30,700	4,158	0	0	0	194.02
194.03	07952	OCCUPATIONAL HEALTH	60,410	50,437	649	10,563	0	194.03
194.05	07954	MISC. NONREIMBURSABLE	494,148	318,599	0	69,718	0	194.05
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)	28,677,352	5,901,953	699,258	2,525,685	1,158,364	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I | Date/Time Prepared: 10/31/2014 4:22 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,718,143					11.00
13.00	01300	NURSING ADMINISTRATION	32,450	2,145,036				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	23,911	0	1,964,170			14.00
15.00	01500	PHARMACY	32,450	0	0	2,675,590		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	70,024	0	0	0	2,990,579	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	310,837	929,511	0	0	147,084	30.00
32.00	03200	CORONARY CARE UNIT	34,158	107,763	0	0	19,721	32.00
40.00	04000	SUBPROVIDER - IPF	40,989	102,232	0	0	18,438	40.00
43.00	04300	NURSERY	11,955	40,840	0	0	8,817	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	138,340	438,164	0	0	314,147	50.00
51.00	05100	RECOVERY ROOM	37,574	120,951	0	0	88,142	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,079	59,146	0	0	28,348	52.00
53.00	05300	ANESTHESIOLOGY	32,450	11,545	0	0	61,052	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,484	0	0	0	149,435	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	29,034	0	0	0	69,372	55.00
56.00	05600	RADIOISOTOPE	20,495	0	0	0	154,441	56.00
57.00	05700	CT SCAN	10,247	0	0	0	251,526	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,124	0	0	0	99,562	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,663	0	0	0	70,822	59.00
60.00	06000	LABORATORY	148,587	0	0	0	247,520	60.00
65.00	06500	RESPIRATORY THERAPY	29,034	0	0	0	48,352	65.00
66.00	06600	PHYSICAL THERAPY	40,989	0	0	0	74,502	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,539	0	0	0	11,764	67.00
68.00	06800	SPEECH PATHOLOGY	18,787	0	0	0	13,534	68.00
69.00	06900	ELECTROCARDIOLOGY	37,574	0	0	0	38,527	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,663	0	0	0	32,858	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	726,743	0	128,839	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	1,237,427	0	139,340	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,675,590	461,906	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	23,911	0	0	0	1,256	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	1,898	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	4,412	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	4,924	88.02
91.00	09100	EMERGENCY	124,676	334,884	0	0	236,262	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	20,495	0	0	0	30,354	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	5,124	0	0	0	33,424	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,393,643	2,145,036	1,964,170	2,675,590	2,990,579	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	278,387	0	0	0	0	192.00
194.00	07950	WELLNESS	17,079	0	0	0	0	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	0	0	0	0	194.01
194.02	07951	LIFELINE	1,708	0	0	0	0	194.02
194.03	07952	OCCUPATIONAL HEALTH	13,663	0	0	0	0	194.03
194.05	07954	MISC. NONREIMBURSABLE	13,663	0	0	0	0	194.05
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)	1,718,143	2,145,036	1,964,170	2,675,590	2,990,579	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I | Date/Time Prepared: 10/31/2014 4:22 pm

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	17,462,681	0	17,462,681		30.00
32.00	03200	CORONARY CARE UNIT	2,572,867	0	2,572,867		32.00
40.00	04000	SUBPROVIDER - IPF	2,963,780	0	2,963,780		40.00
43.00	04300	NURSERY	717,589	0	717,589		43.00
45.00	04500	NURSING FACILITY	0	0	0		45.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	11,936,022	0	11,936,022		50.00
51.00	05100	RECOVERY ROOM	2,701,987	0	2,701,987		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,250,421	0	1,250,421		52.00
53.00	05300	ANESTHESIOLOGY	2,331,988	0	2,331,988		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,335,471	0	9,335,471		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,266,730	0	2,266,730		55.00
56.00	05600	RADIOISOTOPE	3,485,120	0	3,485,120		56.00
57.00	05700	CT SCAN	1,973,098	0	1,973,098		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,319,028	0	1,319,028		58.00
59.00	05900	CARDIAC CATHETERIZATION	1,674,066	0	1,674,066		59.00
60.00	06000	LABORATORY	13,163,387	0	13,163,387		60.00
65.00	06500	RESPIRATORY THERAPY	1,726,093	0	1,726,093		65.00
66.00	06600	PHYSICAL THERAPY	3,893,263	0	3,893,263		66.00
67.00	06700	OCCUPATIONAL THERAPY	643,833	0	643,833		67.00
68.00	06800	SPEECH PATHOLOGY	892,522	0	892,522		68.00
69.00	06900	ELECTROCARDIOLOGY	2,177,018	0	2,177,018		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,890,759	0	1,890,759		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,004,523	0	5,004,523		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	8,501,751	0	8,501,751		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,154,611	0	13,154,611		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	945,653	0	945,653		76.00
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	885,407	0	885,407		88.00
88.01	08801	RURAL HEALTH CLINIC II	1,117,737	0	1,117,737		88.01
88.02	08802	RURAL HEALTH CLINIC III	1,173,796	0	1,173,796		88.02
91.00	09100	EMERGENCY	8,658,613	0	8,658,613		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0			92.00
		OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	5,408,680	0	5,408,680		101.00
		SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	2,802,137	0	2,802,137		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	134,030,631	0	134,030,631		118.00
		NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	53,923,406	0	53,923,406		192.00
194.00	07950	WELLNESS	1,057,334	0	1,057,334		194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	2,070,652	0	2,070,652		194.01
194.02	07951	LIFELINE	215,214	0	215,214		194.02
194.03	07952	OCCUPATIONAL HEALTH	487,261	0	487,261		194.03
194.05	07954	MISC. NONREIMBURSABLE	3,771,673	0	3,771,673		194.05
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	195,556,171	0	195,556,171		202.00

COST ALLOCATION STATISTICS | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet Non-CMS W | Date/Time Prepared: 10/31/2014 4:22 pm

	Cost Center Description	Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-16	ACCUM. COST	5.00
7.00	OPERATION OF PLANT	7	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	9	HOURS OF SERVICE	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	11	MEALS SERVED	11.00
13.00	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II | Date/Time Prepared: 10/31/2014 4:22 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	CAPITAL RELATED COSTS NEW MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	32,363	6,879	39,242	39,242	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	566,823	1,816,405	2,383,228	4,215	5.00
7.00	00700	OPERATION OF PLANT	0	280,722	148,883	429,605	397	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	9,396	0	9,396	9	8.00
9.00	00900	HOUSEKEEPING	0	82,093	9,568	91,661	474	9.00
10.00	01000	DIETARY	0	58,073	66,740	124,813	136	10.00
11.00	01100	CAFETERIA	0	35,150	25,189	60,339	353	11.00
13.00	01300	NURSING ADMINISTRATION	0	12,537	1,862	14,399	465	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	56,436	178,823	235,259	161	14.00
15.00	01500	PHARMACY	0	25,967	14,972	40,939	544	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	28,170	96,718	124,888	572	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	296,302	321,339	617,641	3,635	30.00
32.00	03200	CORONARY CARE UNIT	0	39,211	101,327	140,538	447	32.00
40.00	04000	SUBPROVIDER - IPF	0	77,121	20,919	98,040	941	40.00
43.00	04300	NURSERY	0	5,459	16,140	21,599	149	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	309,493	1,185,072	1,494,565	1,556	50.00
51.00	05100	RECOVERY ROOM	0	13,917	3,468	17,385	488	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,448	90,733	103,181	226	52.00
53.00	05300	ANESTHESIOLOGY	0	5,715	63,295	69,010	1,920	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	119,756	688,685	808,441	1,599	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	60,533	39,690	100,223	631	55.00
56.00	05600	RADIOISOTOPE	0	17,234	327,640	344,874	365	56.00
57.00	05700	CT SCAN	0	13,501	259,663	273,164	143	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	18,075	400,291	418,366	89	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,144	338,897	364,041	178	59.00
60.00	06000	LABORATORY	0	78,457	416,143	494,600	1,643	60.00
65.00	06500	RESPIRATORY THERAPY	0	13,669	59,347	73,016	314	65.00
66.00	06600	PHYSICAL THERAPY	0	127,205	48,206	175,411	582	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,734	566	4,300	134	67.00
68.00	06800	SPEECH PATHOLOGY	0	27,373	22,914	50,287	266	68.00
69.00	06900	ELECTROCARDIOLOGY	0	50,721	113,296	164,017	399	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	40,618	52,477	93,095	234	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	24,056	4,648	28,704	193	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	126,020	8,956	134,976	89	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	61,409	5,001	66,410	180	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	25,046	8,102	33,148	231	88.02
91.00	09100	EMERGENCY	0	79,483	135,388	214,871	2,410	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	35,300	3,432	38,732	1,117	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	13,271	0	13,271	451	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	2,908,001	7,101,674	10,009,675	27,936	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	847,969	324,563	1,172,532	10,242	192.00
194.00	07950	WELLNESS	0	0	2,828	2,828	127	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	0	4,860	4,860	249	194.01
194.02	07951	LIFELINE	0	2,123	0	2,123	12	194.02
194.03	07952	OCCUPATIONAL HEALTH	0	25,754	5,482	31,236	120	194.03
194.05	07954	MISC. NONREIMBURSABLE	0	162,683	144,464	307,147	556	194.05
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	3,946,530	7,583,871	11,530,401	39,242	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II | Date/Time Prepared: 10/31/2014 4:22 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,387,443					5.00
7.00	00700	OPERATION OF PLANT	72,052	502,054				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,312	1,565	19,282			8.00
9.00	00900	HOUSEKEEPING	29,392	9,420	203	131,150		9.00
10.00	01000	DIETARY	12,671	9,675	185	0	147,480	10.00
11.00	01100	CAFETERIA	18,476	5,856	0	7,058	0	11.00
13.00	01300	NURSING ADMINISTRATION	25,212	2,089	0	1,188	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	21,683	9,402	314	2,194	0	14.00
15.00	01500	PHARMACY	31,487	3,884	0	951	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	34,617	5,912	0	804	0	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	174,173	49,362	6,357	1,664	122,907	30.00
32.00	03200	CORONARY CARE UNIT	26,373	7,234	544	5,211	5,832	32.00
40.00	04000	SUBPROVIDER - IPF	29,353	12,848	288	6,217	14,839	40.00
43.00	04300	NURSERY	7,777	909	228	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	121,714	53,176	3,934	15,578	970	50.00
51.00	05100	RECOVERY ROOM	27,790	12,531	485	731	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,490	2,074	455	0	0	52.00
53.00	05300	ANESTHESIOLOGY	27,050	952	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	107,082	19,951	1,912	2,560	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	24,114	10,084	278	3,346	0	55.00
56.00	05600	RADIOISOTOPE	39,668	2,871	0	1,408	0	56.00
57.00	05700	CT SCAN	20,380	2,249	0	804	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,172	3,011	0	5,193	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,070	4,189	243	2,669	0	59.00
60.00	06000	LABORATORY	151,788	16,643	5	7,167	0	60.00
65.00	06500	RESPIRATORY THERAPY	19,732	2,277	0	293	0	65.00
66.00	06600	PHYSICAL THERAPY	41,580	11,389	280	11,830	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,303	0	0	1,316	0	67.00
68.00	06800	SPEECH PATHOLOGY	9,965	3,717	6	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	23,177	8,450	201	4,973	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,189	6,767	23	1,463	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	50,651	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	86,983	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	122,290	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	10,318	4,008	0	1,463	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	7,773	20,994	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	12,123	10,230	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	13,671	4,173	0	0	0	88.02
91.00	09100	EMERGENCY	89,809	13,241	3,295	15,998	2,932	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	64,578	4,828	0	585	0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	33,106	3,449	0	585	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,670,144	339,410	19,236	103,249	147,480	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	631,182	130,898	28	21,245	0	192.00
194.00	07950	WELLNESS	12,115	0	0	2,487	0	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	25,279	0	0	0	0	194.01
194.02	07951	LIFELINE	2,556	354	0	0	0	194.02
194.03	07952	OCCUPATIONAL HEALTH	5,029	4,290	18	549	0	194.03
194.05	07954	MISC. NONREIMBURSABLE	41,138	27,102	0	3,620	0	194.05
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)	2,387,443	502,054	19,282	131,150	147,480	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II | Date/Time Prepared: 10/31/2014 4:22 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	92,082					11.00
13.00	01300	NURSING ADMINISTRATION	1,739	45,092				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,281	0	270,294			14.00
15.00	01500	PHARMACY	1,739	0	0	79,544		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,753	0	0	0	170,546	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,660	19,539	0	0	8,395	30.00
32.00	03200	CORONARY CARE UNIT	1,831	2,265	0	0	1,126	32.00
40.00	04000	SUBPROVIDER - IPF	2,197	2,149	0	0	1,052	40.00
43.00	04300	NURSERY	641	859	0	0	503	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,414	9,211	0	0	17,930	50.00
51.00	05100	RECOVERY ROOM	2,014	2,543	0	0	5,031	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	915	1,243	0	0	1,618	52.00
53.00	05300	ANESTHESIOLOGY	1,739	243	0	0	3,485	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,295	0	0	0	8,529	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,556	0	0	0	3,959	55.00
56.00	05600	RADIOISOTOPE	1,098	0	0	0	8,815	56.00
57.00	05700	CT SCAN	549	0	0	0	14,356	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	275	0	0	0	5,682	58.00
59.00	05900	CARDIAC CATHETERIZATION	732	0	0	0	4,042	59.00
60.00	06000	LABORATORY	7,963	0	0	0	14,127	60.00
65.00	06500	RESPIRATORY THERAPY	1,556	0	0	0	2,760	65.00
66.00	06600	PHYSICAL THERAPY	2,197	0	0	0	4,252	66.00
67.00	06700	OCCUPATIONAL THERAPY	458	0	0	0	671	67.00
68.00	06800	SPEECH PATHOLOGY	1,007	0	0	0	772	68.00
69.00	06900	ELECTROCARDIOLOGY	2,014	0	0	0	2,199	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	732	0	0	0	1,875	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	100,009	0	7,353	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	170,285	0	7,953	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	79,544	26,223	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,281	0	0	0	72	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	108	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	252	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	281	88.02
91.00	09100	EMERGENCY	6,682	7,040	0	0	13,485	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,098	0	0	0	1,732	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	275	0	0	0	1,908	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	74,691	45,092	270,294	79,544	170,546	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,920	0	0	0	0	192.00
194.00	07950	WELLNESS	915	0	0	0	0	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	0	0	0	0	194.01
194.02	07951	LIFELINE	92	0	0	0	0	194.02
194.03	07952	OCCUPATIONAL HEALTH	732	0	0	0	0	194.03
194.05	07954	MISC. NONREIMBURSABLE	732	0	0	0	0	194.05
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)	92,082	45,092	270,294	79,544	170,546	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II | Date/Time Prepared: 10/31/2014 4:22 pm

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	1,020,333	0	1,020,333		30.00
32.00	03200	CORONARY CARE UNIT	191,401	0	191,401		32.00
40.00	04000	SUBPROVIDER - IPF	167,924	0	167,924		40.00
43.00	04300	NURSERY	32,665	0	32,665		43.00
45.00	04500	NURSING FACILITY	0	0	0		45.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1,726,048	0	1,726,048		50.00
51.00	05100	RECOVERY ROOM	68,998	0	68,998		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	123,202	0	123,202		52.00
53.00	05300	ANESTHESIOLOGY	104,399	0	104,399		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	953,369	0	953,369		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	144,191	0	144,191		55.00
56.00	05600	RADIOISOTOPE	399,099	0	399,099		56.00
57.00	05700	CT SCAN	311,645	0	311,645		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	445,788	0	445,788		58.00
59.00	05900	CARDIAC CATHETERIZATION	394,164	0	394,164		59.00
60.00	06000	LABORATORY	693,936	0	693,936		60.00
65.00	06500	RESPIRATORY THERAPY	99,948	0	99,948		65.00
66.00	06600	PHYSICAL THERAPY	247,521	0	247,521		66.00
67.00	06700	OCCUPATIONAL THERAPY	14,182	0	14,182		67.00
68.00	06800	SPEECH PATHOLOGY	66,020	0	66,020		68.00
69.00	06900	ELECTROCARDIOLOGY	205,430	0	205,430		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	125,378	0	125,378		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	158,013	0	158,013		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	265,221	0	265,221		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	228,057	0	228,057		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	46,039	0	46,039		76.00
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	163,940	0	163,940		88.00
88.01	08801	RURAL HEALTH CLINIC II	89,195	0	89,195		88.01
88.02	08802	RURAL HEALTH CLINIC III	51,504	0	51,504		88.02
91.00	09100	EMERGENCY	369,763	0	369,763		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0			92.00
		OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	112,670	0	112,670		101.00
		SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	53,045	0	53,045		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,073,088	0	9,073,088		118.00
		NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,981,047	0	1,981,047		192.00
194.00	07950	WELLNESS	18,472	0	18,472		194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	30,388	0	30,388		194.01
194.02	07951	LIFELINE	5,137	0	5,137		194.02
194.03	07952	OCCUPATIONAL HEALTH	41,974	0	41,974		194.03
194.05	07954	MISC. NONREIMBURSABLE	380,295	0	380,295		194.05
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	11,530,401	0	11,530,401		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 10/31/2014 4:22 pm

		Cost Center Description	CAPITAL RELATED COSTS: NEW BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS: NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	446,076					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		6,109,496				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,658	5,542	108,280,435			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	64,068	1,463,280	11,644,805	-28,677,352	166,878,819	5.00
7.00	00700	OPERATION OF PLANT	31,730	119,939	1,097,766	0	5,036,462	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,062	0	24,857	0	581,013	8.00
9.00	00900	HOUSEKEEPING	9,279	7,708	1,310,699	0	2,054,531	9.00
10.00	01000	DIETARY	6,564	53,765	374,550	0	885,714	10.00
11.00	01100	CAFETERIA	3,973	20,292	974,694	0	1,291,460	11.00
13.00	01300	NURSING ADMINISTRATION	1,417	1,500	1,284,996	0	1,762,304	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,379	144,058	445,219	0	1,515,636	14.00
15.00	01500	PHARMACY	2,935	12,061	1,503,170	0	2,200,952	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,184	77,915	1,580,931	0	2,419,744	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	33,491	258,868	10,041,088	0	12,174,813	30.00
32.00	03200	CORONARY CARE UNIT	4,432	81,628	1,234,122	0	1,843,510	32.00
40.00	04000	SUBPROVIDER - IPF	8,717	16,852	2,599,427	0	2,051,779	40.00
43.00	04300	NURSERY	617	13,002	411,408	0	543,616	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	34,982	954,683	4,298,417	0	8,507,932	50.00
51.00	05100	RECOVERY ROOM	1,573	2,794	1,346,772	0	1,942,525	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,407	73,094	624,336	0	942,945	52.00
53.00	05300	ANESTHESIOLOGY	646	50,990	5,303,338	0	1,890,820	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,536	554,798	4,418,238	0	7,485,106	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,842	31,974	1,741,925	0	1,685,609	55.00
56.00	05600	RADIOISOTOPE	1,948	263,944	1,008,630	0	2,772,824	56.00
57.00	05700	CT SCAN	1,526	209,182	393,692	0	1,424,584	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,043	322,471	246,524	0	920,723	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,842	273,012	492,628	0	1,263,078	59.00
60.00	06000	LABORATORY	8,868	335,241	4,539,333	0	10,610,110	60.00
65.00	06500	RESPIRATORY THERAPY	1,545	47,809	868,376	0	1,379,281	65.00
66.00	06600	PHYSICAL THERAPY	14,378	38,834	1,608,609	0	2,906,476	66.00
67.00	06700	OCCUPATIONAL THERAPY	422	456	369,021	0	510,458	67.00
68.00	06800	SPEECH PATHOLOGY	3,094	18,459	734,344	0	696,581	68.00
69.00	06900	ELECTROCARDIOLOGY	5,733	91,270	1,101,661	0	1,620,121	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,591	42,275	645,160	0	1,481,149	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,540,520	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	6,080,142	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	8,548,157	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,719	3,744	533,353	0	721,261	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	14,244	7,215	246,607	0	543,341	88.00
88.01	08801	RURAL HEALTH CLINIC II	6,941	4,029	496,789	0	847,435	88.01
88.02	08802	RURAL HEALTH CLINIC III	2,831	6,527	638,438	0	955,605	88.02
91.00	09100	EMERGENCY	8,984	109,067	6,656,799	0	6,277,713	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,990	2,765	3,086,107	0	4,514,079	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	1,500	0	1,246,037	0	2,314,109	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	328,691	5,721,043	77,172,866	-28,677,352	116,744,218	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	95,846	261,465	28,168,002	0	44,115,033	192.00
194.00	07950	WELLNESS	0	2,278	352,058	0	846,834	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	3,915	686,518	0	1,767,002	194.01
194.02	07951	LIFELINE	240	0	34,106	0	178,648	194.02
194.03	07952	OCCUPATIONAL HEALTH	2,911	4,416	330,908	0	351,539	194.03
194.05	07954	MISC. NONREIMBURSABLE	18,388	116,379	1,535,977	0	2,875,545	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,946,530	7,583,871	24,575,145		28,677,352	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.847214	1.241325	0.226958		0.171845	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			39,242		2,387,443	204.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 10/31/2014 4:22 pm

	Cost Center Description	CAPITAL RELATED COSTS			Reconciliation		
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)		ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	4.00	5A	5.00	
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000362		0.014306	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 10/31/2014 4:22 pm

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	340,632					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,062	1,049,948				8.00
9.00	00900	HOUSEKEEPING	6,391	11,049	7,173			9.00
10.00	01000	DIETARY	6,564	10,079	0	136,071		10.00
11.00	01100	CAFETERIA	3,973	0	386	0	1,006	11.00
13.00	01300	NURSING ADMINISTRATION	1,417	0	65	0	19	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,379	17,102	120	0	14	14.00
15.00	01500	PHARMACY	2,635	0	52	0	19	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,011	0	44	0	41	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	33,491	346,210	91	113,399	182	30.00
32.00	03200	CORONARY CARE UNIT	4,908	29,610	285	5,381	20	32.00
40.00	04000	SUBPROVIDER - IPF	8,717	15,693	340	13,691	24	40.00
43.00	04300	NURSERY	617	12,392	0	0	7	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	36,079	214,197	852	895	81	50.00
51.00	05100	RECOVERY ROOM	8,502	26,409	40	0	22	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,407	24,752	0	0	10	52.00
53.00	05300	ANESTHESIOLOGY	646	0	0	0	19	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,536	104,118	140	0	36	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,842	15,118	183	0	17	55.00
56.00	05600	RADIOISOTOPE	1,948	0	77	0	12	56.00
57.00	05700	CT SCAN	1,526	0	44	0	6	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,043	0	284	0	3	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,842	13,212	146	0	8	59.00
60.00	06000	LABORATORY	11,292	298	392	0	87	60.00
65.00	06500	RESPIRATORY THERAPY	1,545	0	16	0	17	65.00
66.00	06600	PHYSICAL THERAPY	7,727	15,220	647	0	24	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	72	0	5	67.00
68.00	06800	SPEECH PATHOLOGY	2,522	329	0	0	11	68.00
69.00	06900	ELECTROCARDIOLOGY	5,733	10,930	272	0	22	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,591	1,270	80	0	8	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,719	0	80	0	14	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	14,244	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	6,941	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	2,831	0	0	0	0	88.02
91.00	09100	EMERGENCY	8,984	179,431	875	2,705	73	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,276	0	32	0	12	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	2,340	0	32	0	3	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	230,281	1,047,419	5,647	136,071	816	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	88,812	1,540	1,162	0	163	192.00
194.00	07950	WELLNESS	0	15	136	0	10	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	0	0	0	0	194.01
194.02	07951	LIFELINE	240	0	0	0	1	194.02
194.03	07952	OCCUPATIONAL HEALTH	2,911	974	30	0	8	194.03
194.05	07954	MISC. NONREIMBURSABLE	18,388	0	198	0	8	194.05
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)	5,901,953	699,258	2,525,685	1,158,364	1,718,143	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.326478	0.665993	352.109996	8.512938	1,707.895626	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	502,054	19,282	131,150	147,480	92,082	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.473890	0.018365	18.283842	1.083846	91.532803	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 10/31/2014 4:22 pm

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
			13.00	14.00	15.00	16.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	730,954					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	100				14.00
15.00	01500	PHARMACY	0	0	100			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	508,017,392		16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	316,745	0	0	24,984,512		30.00
32.00	03200	CORONARY CARE UNIT	36,722	0	0	3,349,867		32.00
40.00	04000	SUBPROVIDER - IPF	34,837	0	0	3,132,067		40.00
43.00	04300	NURSERY	13,917	0	0	1,497,674		43.00
45.00	04500	NURSING FACILITY	0	0	0	0		45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	149,311	0	0	53,362,774		50.00
51.00	05100	RECOVERY ROOM	41,216	0	0	14,972,317		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,155	0	0	4,815,429		52.00
53.00	05300	ANESTHESIOLOGY	3,934	0	0	10,370,700		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	25,383,884		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	11,783,880		55.00
56.00	05600	RADIOISOTOPE	0	0	0	26,234,251		56.00
57.00	05700	CT SCAN	0	0	0	42,725,603		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	16,912,145		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	12,030,267		59.00
60.00	06000	LABORATORY	0	0	0	42,045,149		60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	8,213,398		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,655,267		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,998,270		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,299,038		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	6,544,377		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,581,500		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	37	0	21,885,397		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	63	0	23,669,079		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	78,482,398		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	213,360		76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	322,387		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	749,370		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	836,415		88.02
91.00	09100	EMERGENCY	114,117	0	0	40,132,910		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	5,156,155		101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	5,677,552		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	730,954	100	100	508,017,392		118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00	07950	WELLNESS	0	0	0	0		194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	0	0	0		194.01
194.02	07951	LIFELINE	0	0	0	0		194.02
194.03	07952	OCCUPATIONAL HEALTH	0	0	0	0		194.03
194.05	07954	MISC. NONREIMBURSABLE	0	0	0	0		194.05
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)	2,145,036	1,964,170	2,675,590	2,990,579		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.934570	19,641.700000	26,755.900000	0.005887		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	45,092	270,294	79,544	170,546		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.061689	2,702.940000	795.440000	0.000336		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 10/31/2014 4:22 pm

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,462,681		17,462,681	0	17,462,681	30.00
32.00	03200	CORONARY CARE UNIT	2,572,867		2,572,867	0	2,572,867	32.00
40.00	04000	SUBPROVIDER - IPF	2,963,780		2,963,780	0	2,963,780	40.00
43.00	04300	NURSERY	717,589		717,589	0	717,589	43.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,936,022		11,936,022	0	11,936,022	50.00
51.00	05100	RECOVERY ROOM	2,701,987		2,701,987	0	2,701,987	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,250,421		1,250,421	0	1,250,421	52.00
53.00	05300	ANESTHESIOLOGY	2,331,988		2,331,988	206,495	2,538,483	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,335,471		9,335,471	0	9,335,471	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,266,730		2,266,730	0	2,266,730	55.00
56.00	05600	RADIOISOTOPE	3,485,120		3,485,120	0	3,485,120	56.00
57.00	05700	CT SCAN	1,973,098		1,973,098	0	1,973,098	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,319,028		1,319,028	0	1,319,028	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,674,066		1,674,066	0	1,674,066	59.00
60.00	06000	LABORATORY	13,163,387		13,163,387	28,821	13,192,208	60.00
65.00	06500	RESPIRATORY THERAPY	1,726,093	0	1,726,093	0	1,726,093	65.00
66.00	06600	PHYSICAL THERAPY	3,893,263	0	3,893,263	0	3,893,263	66.00
67.00	06700	OCCUPATIONAL THERAPY	643,833	0	643,833	0	643,833	67.00
68.00	06800	SPEECH PATHOLOGY	892,522	0	892,522	0	892,522	68.00
69.00	06900	ELECTROCARDIOLOGY	2,177,018		2,177,018	0	2,177,018	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,890,759		1,890,759	0	1,890,759	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,004,523		5,004,523	0	5,004,523	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	8,501,751		8,501,751	0	8,501,751	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,154,611		13,154,611	0	13,154,611	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	945,653		945,653	0	945,653	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	885,407		885,407	0	885,407	88.00
88.01	08801	RURAL HEALTH CLINIC II	1,117,737		1,117,737	0	1,117,737	88.01
88.02	08802	RURAL HEALTH CLINIC III	1,173,796		1,173,796	0	1,173,796	88.02
91.00	09100	EMERGENCY	8,658,613		8,658,613	187,234	8,845,847	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,620,892		3,620,892		3,620,892	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	5,408,680		5,408,680		5,408,680	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	2,802,137		2,802,137		2,802,137	116.00
200.00		Subtotal (see instructions)	137,651,523	0	137,651,523	422,550	138,074,073	200.00
201.00		Less Observation Beds	3,620,892		3,620,892		3,620,892	201.00
202.00		Total (see instructions)	134,030,631	0	134,030,631	422,550	134,453,181	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 10/31/2014 4:22 pm

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	19,188,460		19,188,460			30.00
32.00	03200	CORONARY CARE UNIT	3,349,867		3,349,867			32.00
40.00	04000	SUBPROVIDER - IPF	3,132,067		3,132,067			40.00
43.00	04300	NURSERY	1,497,674		1,497,674			43.00
45.00	04500	NURSING FACILITY	0		0			45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,629,933	40,732,841	53,362,774	0.223677	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,037,056	11,935,261	14,972,317	0.180466	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,544,211	271,218	4,815,429	0.259670	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,571,600	6,799,100	10,370,700	0.224863	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,026,314	21,357,570	25,383,884	0.367772	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	223,918	11,559,962	11,783,880	0.192359	0.000000	55.00
56.00	05600	RADIOISOTOPE	3,818,968	22,415,283	26,234,251	0.132846	0.000000	56.00
57.00	05700	CT SCAN	7,262,329	35,463,274	42,725,603	0.046181	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,175,046	15,737,099	16,912,145	0.077993	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,630,768	7,399,499	12,030,267	0.139155	0.000000	59.00
60.00	06000	LABORATORY	7,076,441	34,968,708	42,045,149	0.313077	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	6,787,674	1,425,724	8,213,398	0.210156	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,348,084	11,307,183	12,655,267	0.307640	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	264,789	1,733,481	1,998,270	0.322195	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	180,055	2,118,983	2,299,038	0.388215	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,427,360	5,117,017	6,544,377	0.332655	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,688	5,575,812	5,581,500	0.338755	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,171,186	13,714,211	21,885,397	0.228670	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	18,035,356	5,633,723	23,669,079	0.359192	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,541,421	51,940,977	78,482,398	0.167612	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	213,360	213,360	4.432194	0.000000	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	322,387	322,387			88.00
88.01	08801	RURAL HEALTH CLINIC II	0	749,370	749,370			88.01
88.02	08802	RURAL HEALTH CLINIC III	0	836,415	836,415			88.02
91.00	09100	EMERGENCY	7,603,757	32,529,153	40,132,910	0.215748	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,796,052	5,796,052	0.624717	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	5,156,155	5,156,155			101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	5,677,552	5,677,552			116.00
200.00		Subtotal (see instructions)	149,530,022	358,487,370	508,017,392			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	149,530,022	358,487,370	508,017,392			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 10/31/2014 4:22 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
32.00	03200	CORONARY CARE UNIT		32.00
40.00	04000	SUBPROVIDER - IPF		40.00
43.00	04300	NURSERY		43.00
45.00	04500	NURSING FACILITY		45.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.223677	50.00
51.00	05100	RECOVERY ROOM	0.180466	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.259670	52.00
53.00	05300	ANESTHESIOLOGY	0.244775	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.367772	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.192359	55.00
56.00	05600	RADIOISOTOPE	0.132846	56.00
57.00	05700	CT SCAN	0.046181	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.077993	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139155	59.00
60.00	06000	LABORATORY	0.313763	60.00
65.00	06500	RESPIRATORY THERAPY	0.210156	65.00
66.00	06600	PHYSICAL THERAPY	0.307640	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.322195	67.00
68.00	06800	SPEECH PATHOLOGY	0.388215	68.00
69.00	06900	ELECTROCARDIOLOGY	0.332655	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.338755	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.228670	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.359192	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.167612	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4.432194	76.00
		OUTPATIENT SERVICE COST CENTERS		
88.00	08800	RURAL HEALTH CLINIC		88.00
88.01	08801	RURAL HEALTH CLINIC II		88.01
88.02	08802	RURAL HEALTH CLINIC III		88.02
91.00	09100	EMERGENCY	0.220414	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.624717	92.00
		OTHER REIMBURSABLE COST CENTERS		
101.00	10100	HOME HEALTH AGENCY		101.00
		SPECIAL PURPOSE COST CENTERS		
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: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 10/31/2014 4:22 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,462,681		17,462,681	0	17,462,681	30.00
32.00	03200	CORONARY CARE UNIT	2,572,867		2,572,867	0	2,572,867	32.00
40.00	04000	SUBPROVIDER - IPF	2,963,780		2,963,780	0	2,963,780	40.00
43.00	04300	NURSERY	717,589		717,589	0	717,589	43.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,936,022		11,936,022	0	11,936,022	50.00
51.00	05100	RECOVERY ROOM	2,701,987		2,701,987	0	2,701,987	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,250,421		1,250,421	0	1,250,421	52.00
53.00	05300	ANESTHESIOLOGY	2,331,988		2,331,988	206,495	2,538,483	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,335,471		9,335,471	0	9,335,471	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,266,730		2,266,730	0	2,266,730	55.00
56.00	05600	RADIOISOTOPE	3,485,120		3,485,120	0	3,485,120	56.00
57.00	05700	CT SCAN	1,973,098		1,973,098	0	1,973,098	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,319,028		1,319,028	0	1,319,028	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,674,066		1,674,066	0	1,674,066	59.00
60.00	06000	LABORATORY	13,163,387		13,163,387	28,821	13,192,208	60.00
65.00	06500	RESPIRATORY THERAPY	1,726,093	0	1,726,093	0	1,726,093	65.00
66.00	06600	PHYSICAL THERAPY	3,893,263	0	3,893,263	0	3,893,263	66.00
67.00	06700	OCCUPATIONAL THERAPY	643,833	0	643,833	0	643,833	67.00
68.00	06800	SPEECH PATHOLOGY	892,522	0	892,522	0	892,522	68.00
69.00	06900	ELECTROCARDIOLOGY	2,177,018		2,177,018	0	2,177,018	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,890,759		1,890,759	0	1,890,759	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,004,523		5,004,523	0	5,004,523	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	8,501,751		8,501,751	0	8,501,751	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,154,611		13,154,611	0	13,154,611	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	945,653		945,653	0	945,653	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	885,407		885,407	0	885,407	88.00
88.01	08801	RURAL HEALTH CLINIC II	1,117,737		1,117,737	0	1,117,737	88.01
88.02	08802	RURAL HEALTH CLINIC III	1,173,796		1,173,796	0	1,173,796	88.02
91.00	09100	EMERGENCY	8,658,613		8,658,613	187,234	8,845,847	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,620,892		3,620,892		3,620,892	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	5,408,680		5,408,680		5,408,680	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	2,802,137		2,802,137		2,802,137	116.00
200.00		Subtotal (see instructions)	137,651,523	0	137,651,523	422,550	138,074,073	200.00
201.00		Less Observation Beds	3,620,892		3,620,892		3,620,892	201.00
202.00		Total (see instructions)	134,030,631	0	134,030,631	422,550	134,453,181	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 10/31/2014 4:22 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	19,188,460		19,188,460			30.00
32.00	03200	CORONARY CARE UNIT	3,349,867		3,349,867			32.00
40.00	04000	SUBPROVIDER - IPF	3,132,067		3,132,067			40.00
43.00	04300	NURSERY	1,497,674		1,497,674			43.00
45.00	04500	NURSING FACILITY	0		0			45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,629,933	40,732,841	53,362,774	0.223677	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,037,056	11,935,261	14,972,317	0.180466	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,544,211	271,218	4,815,429	0.259670	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,571,600	6,799,100	10,370,700	0.224863	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,026,314	21,357,570	25,383,884	0.367772	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	223,918	11,559,962	11,783,880	0.192359	0.000000	55.00
56.00	05600	RADIOISOTOPE	3,818,968	22,415,283	26,234,251	0.132846	0.000000	56.00
57.00	05700	CT SCAN	7,262,329	35,463,274	42,725,603	0.046181	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,175,046	15,737,099	16,912,145	0.077993	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,630,768	7,399,499	12,030,267	0.139155	0.000000	59.00
60.00	06000	LABORATORY	7,076,441	34,968,708	42,045,149	0.313077	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	6,787,674	1,425,724	8,213,398	0.210156	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,348,084	11,307,183	12,655,267	0.307640	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	264,789	1,733,481	1,998,270	0.322195	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	180,055	2,118,983	2,299,038	0.388215	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,427,360	5,117,017	6,544,377	0.332655	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,688	5,575,812	5,581,500	0.338755	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,171,186	13,714,211	21,885,397	0.228670	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	18,035,356	5,633,723	23,669,079	0.359192	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,541,421	51,940,977	78,482,398	0.167612	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	213,360	213,360	4.432194	0.000000	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	322,387	322,387	2.746410	0.000000	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	749,370	749,370	1.491569	0.000000	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	836,415	836,415	1.403366	0.000000	88.02
91.00	09100	EMERGENCY	7,603,757	32,529,153	40,132,910	0.215748	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,796,052	5,796,052	0.624717	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	5,156,155	5,156,155			101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	5,677,552	5,677,552			116.00
200.00		Subtotal (see instructions)	149,530,022	358,487,370	508,017,392			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	149,530,022	358,487,370	508,017,392			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 10/31/2014 4:22 pm

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
32.00	03200	CORONARY CARE UNIT		32.00
40.00	04000	SUBPROVIDER - IPF		40.00
43.00	04300	NURSERY		43.00
45.00	04500	NURSING FACILITY		45.00
		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
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
56.00	05600	RADIOISOTOPE	0.000000	56.00
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	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
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	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	76.00
		OUTPATIENT SERVICE COST CENTERS		
88.00	08800	RURAL HEALTH CLINIC	0.000000	88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.000000	88.02
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS		
101.00	10100	HOME HEALTH AGENCY		101.00
		SPECIAL PURPOSE COST CENTERS		
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: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part I | Date/Time Prepared: 10/31/2014 4:22 pm

Title XVIII | Hospital | PPS

	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	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,020,333	0	1,020,333	22,450	45.45	30.00
32.00	CORONARY CARE UNIT	191,401		191,401	2,005	95.46	32.00
40.00	SUBPROVIDER - IPF	167,924	0	167,924	2,993	56.11	40.00
43.00	NURSERY	32,665		32,665	1,294	25.24	43.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	1,412,323		1,412,323	28,742		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	10,236	465,226	30.00
32.00	CORONARY CARE UNIT	1,058	100,997	32.00
40.00	SUBPROVIDER - IPF	852	47,806	40.00
43.00	NURSERY	0	0	43.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	12,146	614,029	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part II Date/Time Prepared: 10/31/2014 4:22 pm

Title XVIII | Hospital | PPS

		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	1,726,048	53,362,774	0.032346	6,307,136	204,011	50.00
51.00	05100	RECOVERY ROOM	68,998	14,972,317	0.004608	1,175,979	5,419	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	123,202	4,815,429	0.025585	11,431	292	52.00
53.00	05300	ANESTHESIOLOGY	104,399	10,370,700	0.010067	1,556,959	15,674	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	953,369	25,383,884	0.037558	2,820,886	105,947	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	144,191	11,783,880	0.012236	120,367	1,473	55.00
56.00	05600	RADIOISOTOPE	399,099	26,234,251	0.015213	2,242,937	34,122	56.00
57.00	05700	CT SCAN	311,645	42,725,603	0.007294	4,727,369	34,481	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	445,788	16,912,145	0.026359	692,488	18,253	58.00
59.00	05900	CARDIAC CATHETERIZATION	394,164	12,030,267	0.032764	2,640,882	86,526	59.00
60.00	06000	LABORATORY	693,936	42,045,149	0.016505	4,445,614	73,375	60.00
65.00	06500	RESPIRATORY THERAPY	99,948	8,213,398	0.012169	4,085,712	49,719	65.00
66.00	06600	PHYSICAL THERAPY	247,521	12,655,267	0.019559	819,914	16,037	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,182	1,998,270	0.007097	171,766	1,219	67.00
68.00	06800	SPEECH PATHOLOGY	66,020	2,299,038	0.028716	87,690	2,518	68.00
69.00	06900	ELECTROCARDIOLOGY	205,430	6,544,377	0.031390	810,144	25,430	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	125,378	5,581,500	0.022463	745	17	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	158,013	21,885,397	0.007220	4,075,945	29,428	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	265,221	23,669,079	0.011205	9,093,040	101,888	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	228,057	78,482,398	0.002906	14,896,408	43,289	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	46,039	213,360	0.215781	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	163,940	322,387	0.508519	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	89,195	749,370	0.119027	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	51,504	836,415	0.061577	0	0	88.02
91.00	09100	EMERGENCY	369,763	40,132,910	0.009213	4,385,234	40,401	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	211,565	5,796,052	0.036502	0	0	92.00
200.00		Total (lines 50-199)	7,706,615	470,015,617		65,168,646	889,519	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part III Date/Time Prepared: 10/31/2014 4:22 pm

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
32.00	03200	CORONARY CARE UNIT	0	0	0		0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0		0	43.00
45.00	04500	NURSING FACILITY	0	0	0		0	45.00
200.00		Total (lines 30-199)	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)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	22,450	0.00	10,236	0	0	30.00
32.00	03200	CORONARY CARE UNIT	2,005	0.00	1,058	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	2,993	0.00	852	0	0	40.00
43.00	04300	NURSERY	1,294	0.00	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	0	45.00
200.00		Total (lines 30-199)	28,742		12,146	0	0	200.00

		Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost		
			12.00	13.00		
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	0		30.00
32.00	03200	CORONARY CARE UNIT	0	0		32.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
43.00	04300	NURSERY	0	0		43.00
45.00	04500	NURSING FACILITY	0	0		45.00
200.00		Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV | Date/Time Prepared: 10/31/2014 4:22 pm

Title XVIII | Hospital | PPS

		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	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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV Date/Time Prepared: 10/31/2014 4:22 pm

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		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	53,362,774	0.000000	0.000000	6,307,136	50.00
51.00	05100	RECOVERY ROOM	0	14,972,317	0.000000	0.000000	1,175,979	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,815,429	0.000000	0.000000	11,431	52.00
53.00	05300	ANESTHESIOLOGY	0	10,370,700	0.000000	0.000000	1,556,959	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	25,383,884	0.000000	0.000000	2,820,886	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,783,880	0.000000	0.000000	120,367	55.00
56.00	05600	RADIOISOTOPE	0	26,234,251	0.000000	0.000000	2,242,937	56.00
57.00	05700	CT SCAN	0	42,725,603	0.000000	0.000000	4,727,369	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	16,912,145	0.000000	0.000000	692,488	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,030,267	0.000000	0.000000	2,640,882	59.00
60.00	06000	LABORATORY	0	42,045,149	0.000000	0.000000	4,445,614	60.00
65.00	06500	RESPIRATORY THERAPY	0	8,213,398	0.000000	0.000000	4,085,712	65.00
66.00	06600	PHYSICAL THERAPY	0	12,655,267	0.000000	0.000000	819,914	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,998,270	0.000000	0.000000	171,766	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,299,038	0.000000	0.000000	87,690	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,544,377	0.000000	0.000000	810,144	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,581,500	0.000000	0.000000	745	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,885,397	0.000000	0.000000	4,075,945	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	23,669,079	0.000000	0.000000	9,093,040	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	78,482,398	0.000000	0.000000	14,896,408	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	213,360	0.000000	0.000000	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	322,387	0.000000	0.000000	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	749,370	0.000000	0.000000	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	836,415	0.000000	0.000000	0	88.02
91.00	09100	EMERGENCY	0	40,132,910	0.000000	0.000000	4,385,234	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,796,052	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	470,015,617			65,168,646	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV Date/Time Prepared: 10/31/2014 4:22 pm

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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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	13,334,336	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	1,985,459	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,813	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,066,359	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,352,985	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,069,824	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	6,354,419	0	0	0	56.00
57.00	05700	CT SCAN	0	11,325,591	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,488,469	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,951,475	0	0	0	59.00
60.00	06000	LABORATORY	0	2,428,484	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	637,871	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	64,803	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	253,558	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,321,562	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,106,194	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,151,798	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	1,703,779	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,569,015	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
91.00	09100	EMERGENCY	0	7,739,918	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,459,151	0	0	0	92.00
200.00		Total (lines 50-199)	0	96,366,863	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV Date/Time Prepared: 10/31/2014 4:22 pm

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		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
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	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0		88.02
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part V Date/Time Prepared: 10/31/2014 4:22 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.223677	13,334,336	0	0	2,982,584	50.00
51.00	05100	RECOVERY ROOM	0.180466	1,985,459	0	0	358,308	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.259670	1,813	0	0	471	52.00
53.00	05300	ANESTHESIOLOGY	0.224863	2,066,359	0	0	464,648	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.367772	7,352,985	0	0	2,704,222	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.192359	4,069,824	37	0	782,867	55.00
56.00	05600	RADIOISOTOPE	0.132846	6,354,419	0	0	844,159	56.00
57.00	05700	CT SCAN	0.046181	11,325,591	0	0	523,027	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.077993	4,488,469	0	0	350,069	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139155	1,951,475	0	0	271,558	59.00
60.00	06000	LABORATORY	0.313077	2,428,484	21,288	0	760,302	60.00
65.00	06500	RESPIRATORY THERAPY	0.210156	637,871	0	0	134,052	65.00
66.00	06600	PHYSICAL THERAPY	0.307640	64,803	14	0	19,936	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.322195	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.388215	253,558	0	0	98,435	68.00
69.00	06900	ELECTROCARDIOLOGY	0.332655	3,321,562	0	0	1,104,934	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.338755	1,106,194	0	0	374,729	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.228670	3,151,798	0	0	720,722	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.359192	1,703,779	0	0	611,984	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.167612	20,569,015	0	25,168	3,447,614	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4.432194	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000				0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.000000				0	88.02
91.00	09100	EMERGENCY	0.215748	7,739,918	0	0	1,669,872	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.624717	2,459,151	0	0	1,536,273	92.00
200.00		Subtotal (see instructions)		96,366,863	21,339	25,168	19,760,766	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		96,366,863	21,339	25,168	19,760,766	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part V Date/Time Prepared: 10/31/2014 4:22 pm

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		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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
55.00	05500	RADIOLOGY-THERAPEUTIC	7	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
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	6,665	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	4	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	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,218		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0		88.02
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	6,676	4,218		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	6,676	4,218		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140189 | Component CCN: 14S189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part II Date/Time Prepared: 10/31/2014 4:22 pm

Title XVIII | Subprovider - IPF | PPS

		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	1,726,048	53,362,774	0.032346	0	0	50.00
51.00	05100	RECOVERY ROOM	68,998	14,972,317	0.004608	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	123,202	4,815,429	0.025585	0	0	52.00
53.00	05300	ANESTHESIOLOGY	104,399	10,370,700	0.010067	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	953,369	25,383,884	0.037558	18,055	678	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	144,191	11,783,880	0.012236	0	0	55.00
56.00	05600	RADIOISOTOPE	399,099	26,234,251	0.015213	14,774	225	56.00
57.00	05700	CT SCAN	311,645	42,725,603	0.007294	38,221	279	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	445,788	16,912,145	0.026359	11,320	298	58.00
59.00	05900	CARDIAC CATHETERIZATION	394,164	12,030,267	0.032764	0	0	59.00
60.00	06000	LABORATORY	693,936	42,045,149	0.016505	137,165	2,264	60.00
65.00	06500	RESPIRATORY THERAPY	99,948	8,213,398	0.012169	50,849	619	65.00
66.00	06600	PHYSICAL THERAPY	247,521	12,655,267	0.019559	1,860	36	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,182	1,998,270	0.007097	380	3	67.00
68.00	06800	SPEECH PATHOLOGY	66,020	2,299,038	0.028716	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	205,430	6,544,377	0.031390	32,247	1,012	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	125,378	5,581,500	0.022463	4,943	111	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	158,013	21,885,397	0.007220	5,204	38	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	265,221	23,669,079	0.011205	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	228,057	78,482,398	0.002906	408,056	1,186	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	46,039	213,360	0.215781	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	163,940	322,387	0.508519	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	89,195	749,370	0.119027	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	51,504	836,415	0.061577	0	0	88.02
91.00	09100	EMERGENCY	369,763	40,132,910	0.009213	227,285	2,094	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,796,052	0.000000	0	0	92.00
200.00		Total (lines 50-199)	7,495,050	470,015,617		950,359	8,843	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140189 | Component CCN: 14S189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV | Date/Time Prepared: 10/31/2014 4:22 pm

Title XVIII | Subprovider - IPF | PPS

		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	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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140189 | Component CCN: 14S189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV | Date/Time Prepared: 10/31/2014 4:22 pm

Title XVIII | Subprovider - IPF | PPS

		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	53,362,774	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	14,972,317	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,815,429	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	10,370,700	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	25,383,884	0.000000	0.000000	18,055	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,783,880	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	26,234,251	0.000000	0.000000	14,774	56.00
57.00	05700	CT SCAN	0	42,725,603	0.000000	0.000000	38,221	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	16,912,145	0.000000	0.000000	11,320	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,030,267	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	42,045,149	0.000000	0.000000	137,165	60.00
65.00	06500	RESPIRATORY THERAPY	0	8,213,398	0.000000	0.000000	50,849	65.00
66.00	06600	PHYSICAL THERAPY	0	12,655,267	0.000000	0.000000	1,860	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,998,270	0.000000	0.000000	380	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,299,038	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,544,377	0.000000	0.000000	32,247	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,581,500	0.000000	0.000000	4,943	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,885,397	0.000000	0.000000	5,204	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	23,669,079	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	78,482,398	0.000000	0.000000	408,056	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	213,360	0.000000	0.000000	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	322,387	0.000000	0.000000	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	749,370	0.000000	0.000000	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	836,415	0.000000	0.000000	0	88.02
91.00	09100	EMERGENCY	0	40,132,910	0.000000	0.000000	227,285	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,796,052	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	470,015,617			950,359	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140189 | Component CCN: 14S189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV | Date/Time Prepared: 10/31/2014 4:22 pm

Title XVIII | Subprovider - IPF | PPS

		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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140189 | Component CCN: 14S189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV | Date/Time Prepared: 10/31/2014 4:22 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
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	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0		88.02
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-1 | Date/Time Prepared: 10/31/2014 4:22 pm

Title XVIII | Hospital | 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)	22,450	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	22,450	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)	17,795	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)	10,236	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)	17,462,681	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)	17,462,681	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)	17,462,681	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)	777.85	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	7,962,073	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)	7,962,073	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-1 | Date/Time Prepared: 10/31/2014 4:22 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT	2,572,867	2,005	1,283.23	1,058	1,357,657	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)	14,531,892	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	23,851,622	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)	566,223	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	889,519	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	1,455,742	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	22,395,880	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)	4,655	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	777.85	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	3,620,892	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-1 | Date/Time Prepared: 10/31/2014 4:22 pm

Title XVIII | Hospital | 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	1,020,333	17,462,681	0.058429	3,620,892	211,565	90.00
91.00	Nursing School cost	0	17,462,681	0.000000	3,620,892	0	91.00
92.00	Allied health cost	0	17,462,681	0.000000	3,620,892	0	92.00
93.00	All other Medical Education	0	17,462,681	0.000000	3,620,892	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140189 Component CCN: 14S189	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 10/31/2014 4:22 pm
	Title XVIII	Subprovider - IPF	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)	2,993	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,993	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	2,993	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)	852	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)	2,963,780	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)	2,963,780	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)	2,963,780	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)	990.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	843,684	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)	843,684	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140189 | Component CCN: 14S189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-1 | Date/Time Prepared: 10/31/2014 4:22 pm

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	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)	197,751	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,041,435	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)	47,806	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	8,843	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	56,649	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	984,786	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)	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: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-1

Component CCN: 14S189 | Date/Time Prepared: 10/31/2014 4:22 pm

Title XVIII | Subprovider - IPF | 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	167,924	2,963,780	0.056659	0	0	90.00
91.00	Nursing School cost	0	2,963,780	0.000000	0	0	91.00
92.00	Allied health cost	0	2,963,780	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,963,780	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-3 | Date/Time Prepared: 10/31/2014 4:22 pm

Title XVIII | Hospital | 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		10,274,006		30.00
32.00	03200	CORONARY CARE UNIT		1,756,062		32.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.223677	6,307,136	1,410,761	50.00
51.00	05100	RECOVERY ROOM	0.180466	1,175,979	212,224	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.259670	11,431	2,968	52.00
53.00	05300	ANESTHESIOLOGY	0.244775	1,556,959	381,105	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.367772	2,820,886	1,037,443	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.192359	120,367	23,154	55.00
56.00	05600	RADIOISOTOPE	0.132846	2,242,937	297,965	56.00
57.00	05700	CT SCAN	0.046181	4,727,369	218,315	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.077993	692,488	54,009	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139155	2,640,882	367,492	59.00
60.00	06000	LABORATORY	0.313763	4,445,614	1,394,869	60.00
65.00	06500	RESPIRATORY THERAPY	0.210156	4,085,712	858,637	65.00
66.00	06600	PHYSICAL THERAPY	0.307640	819,914	252,238	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.322195	171,766	55,342	67.00
68.00	06800	SPEECH PATHOLOGY	0.388215	87,690	34,043	68.00
69.00	06900	ELECTROCARDIOLOGY	0.332655	810,144	269,498	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.338755	745	252	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.228670	4,075,945	932,046	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.359192	9,093,040	3,266,147	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.167612	14,896,408	2,496,817	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4.432194	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000		0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.000000		0	88.02
91.00	09100	EMERGENCY	0.220414	4,385,234	966,567	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.624717	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		65,168,646	14,531,892	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)		65,168,646		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140189 | Component CCN: 14S189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-3 | Date/Time Prepared: 10/31/2014 4:22 pm

Title XVIII | Subprovider - IPF | 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
32.00	03200	CORONARY CARE UNIT		0		32.00
40.00	04000	SUBPROVIDER - IPF		889,126		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.223677	0	0	50.00
51.00	05100	RECOVERY ROOM	0.180466	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.259670	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.244775	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.367772	18,055	6,640	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.192359	0	0	55.00
56.00	05600	RADIOISOTOPE	0.132846	14,774	1,963	56.00
57.00	05700	CT SCAN	0.046181	38,221	1,765	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.077993	11,320	883	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139155	0	0	59.00
60.00	06000	LABORATORY	0.313763	137,165	43,037	60.00
65.00	06500	RESPIRATORY THERAPY	0.210156	50,849	10,686	65.00
66.00	06600	PHYSICAL THERAPY	0.307640	1,860	572	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.322195	380	122	67.00
68.00	06800	SPEECH PATHOLOGY	0.388215	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.332655	32,247	10,727	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.338755	4,943	1,674	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.228670	5,204	1,190	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.359192	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.167612	408,056	68,395	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4.432194	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000		0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.000000		0	88.02
91.00	09100	EMERGENCY	0.220414	227,285	50,097	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.624717	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		950,359	197,751	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)		950,359		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet E Part A Date/Time Prepared: 10/31/2014 4:22 pm

Title XVIII | Hospital | PPS

			before 1/1	on/after 1/1		
		0	1.00	1.01	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)		3,961,478			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		14,420,394			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)		426,638			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)		74.25			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	Adjusment 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)		3.31			30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.50			31.00
32.00	Sum of lines 30 and 31		19.81			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet E Part A | Date/Time Prepared: 10/31/2014 4:22 pm

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			before 1/1	on/after 1/1		
		0	1.00	1.01	2.00	
33.00	Allowable disproportionate share percentage (see instructions)		5.63			33.00
34.00	Disproportionate share adjustment (see instructions)		425,998			34.00

			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)				36,429,747	35.00
35.01	Factor 3 (see instructions)				0.010393000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				378,614	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				283,182	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		283,182			36.00
	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			40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0		41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0			46.00
47.00	Subtotal (see instructions)		19,517,690			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		22,232,025			48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		22,232,025			49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,467,813			50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0			51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0			52.00
53.00	Nursing and Allied Health Managed Care payment		0			53.00
54.00	Special add-on payments for new technologies		0			54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0			55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0			56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		0			57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0			58.00
59.00	Total (sum of amounts on lines 49 through 58)		23,699,838			59.00
60.00	Primary payer payments		14,589			60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		23,685,249			61.00
62.00	Deductibles billed to program beneficiaries		2,345,664			62.00
63.00	Coinsurance billed to program beneficiaries		8,592			63.00
64.00	Allowable bad debts (see instructions)		535,438			64.00
65.00	Adjusted reimbursable bad debts (see instructions)		348,035			65.00
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)		21,679,028			67.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet E Part A Date/Time Prepared: 10/31/2014 4:22 pm

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			Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00	
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)		33,302			70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-5,769			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	0			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	0			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)		21,706,561			71.00
71.01	Sequestration adjustment (see instructions)		434,131			71.01
72.00	Interim payments		21,685,418			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		-412,988			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 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		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 DSH PAYMENT PERCENTAGE | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet DSH | Date/Time Prepared: 10/31/2014 4:22 pm

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		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	3.31	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	16.50	0.00			16.50	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	19.81	0.00			16.50	3.00
4.00	Provider Type * (urban, rural,SCH, RRC, pickle - If pickle worksheet NA)	SCH				SCH	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	74.25	0.00			74.25	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	5.63	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	No				No	9.00
10.00	S-2, Line 45	No				No	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
	CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS						
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	3,571	0			3,571	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	0	0			0	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	0	0			0	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	3,571	0			3,571	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	21,094	0			21,094	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	549	0			549	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	21,643	0			21,643	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	16.50	0.00			16.50	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet DSH | Date/Time Prepared: 10/31/2014 4:22 pm

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		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE						
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	5.63		0.00	True	29.00
30.00	Line 28 or 29 as applicable		5.63		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	DETERMINATION OF PROVIDER TYPE						
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Cummunity hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	True				True	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Rural				Rural	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet DSH | Date/Time Prepared: 10/31/2014 4:22 pm

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		Revised Percentage 6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	3.47		29.00
30.00	Line 28 or 29 as applicable	3.47		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 10/31/2014 4:22 pm

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		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013	1.01	3,961,478	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013	1.02	14,420,394	0	0	18,381,872	18,381,872	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI	1.03	0	0	0	0	0	1.03
2.00	Outlier payments for discharges (see instructions)	2.00	426,638	0	0	426,638	426,638	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0563	0.0563	0.0563	0.0563		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	425,998	0	0	425,998	425,998	11.00
11.01	Uncompensated care payments	36.00	283,182	0	0	676,438	676,438	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	19,517,690	0	0	19,517,690	19,517,690	13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	48.00	22,232,025	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	22,232,025	0	0	22,232,025	22,232,025	15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	1,467,813	0	0	1,467,813	1,467,813	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	23,699,838	23,699,838	19.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 10/31/2014 4:22 pm

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		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,445,928	0	0	1,445,928	1,445,928	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	21,885	0	0	21,885	21,885	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	1,467,813	0	0	1,467,813	1,467,813	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to W/S E Part A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140189	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 10/31/2014 4:22 pm
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		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	10,894	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	19,760,766	2.00
3.00	PPS payments	17,595,332	3.00
4.00	Outlier payment (see instructions)	48,789	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	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	10,894	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	46,507	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)	46,507	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	46,507	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	35,613	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)	10,894	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	17,644,121	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	4,011,472	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)	13,643,543	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)	13,643,543	30.00
31.00	Primary payer payments	1,244	31.00
32.00	Subtotal (line 30 minus line 31)	13,642,299	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)	841,384	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	546,900	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	14,189,199	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-69	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)	14,189,268	40.00
40.01	Sequestration adjustment (see instructions)	283,785	40.01
41.00	Interim payments	13,854,444	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	51,039	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 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

		Overrides 1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140189 Component CCN: 14S189	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 10/31/2014 4:22 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments	49	3.00
4.00	Outlier payment (see instructions)	0	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	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	49	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	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)	49	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)	49	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	49	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)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	49	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)	49	40.00
40.01	Sequestration adjustment (see instructions)	1	40.01
41.00	Interim payments	48	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 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

		Overrides 1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet E-1 Part I | Date/Time Prepared: 10/31/2014 4:22 pm

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		21,611,765		13,876,654	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		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	02/14/2014	88,532		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	02/14/2014	14,879	02/14/2014	22,210	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)		73,653		-22,210	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)		21,685,418		13,854,444	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		51,039	6.01
6.02	SETTLEMENT TO PROGRAM		412,988		0	6.02
7.00	Total Medicare program liability (see instructions)		21,272,430		13,905,483	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: 140189 | Component CCN: 14S189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet E-1 Part I | Date/Time Prepared: 10/31/2014 4:22 pm

Title XVIII | Subprovider - IPF | 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		564,652		48	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)		564,652		48	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		69,221		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		633,873		48	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: 140189	Period: From 07/01/2013 To 06/30/2014	Worksheet E-1 Part II Date/Time Prepared: 10/31/2014 4:22 pm
	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	5,898	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	11,294	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2	1,055	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	19,800	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	508,017,392	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	22,233,208	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)	961,930	8.00
9.00	Sequestration adjustment amount (see instructions)	19,239	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	942,691	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	0	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)	942,691	32.00
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment	0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140189 Component CCN: 14S189	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part II Date/Time Prepared: 10/31/2014 4:22 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	729,574	1.00
2.00	Net IPF PPS Outlier Payments	0	2.00
3.00	Net IPF PPS ECT Payments	0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)	0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00
9.00	Average Daily Census (see instructions)	8.200000	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	729,574	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0	15.00
16.00	Subtotal (see instructions)	729,574	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	729,574	18.00
19.00	Deductibles	153,317	19.00
20.00	Subtotal (line 18 minus line 19)	576,257	20.00
21.00	Coinsurance	0	21.00
22.00	Subtotal (line 20 minus line 21)	576,257	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	108,542	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	70,552	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	25.00
26.00	Subtotal (sum of lines 22 and 24)	646,809	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	0	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	646,809	31.00
31.01	Sequestration adjustment (see instructions)	12,936	31.01
32.00	Interim payments	564,652	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33	69,221	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet G | Date/Time Prepared: 10/31/2014 4:22 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	22,535,597	0	0	0	1.00
2.00	Temporary investments	21,291,641	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	86,234,591	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-54,316,546	0	0	0	6.00
7.00	Inventory	4,092,609	0	0	0	7.00
8.00	Prepaid expenses	3,860,707	0	0	0	8.00
9.00	Other current assets	4,361,979	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)	88,060,578	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	3,265,418	0	0	0	12.00
13.00	Land improvements	7,342,104	0	0	0	13.00
14.00	Accumulated depreciation	-3,970,721	0	0	0	14.00
15.00	Buildings	131,820,308	0	0	0	15.00
16.00	Accumulated depreciation	-40,621,597	0	0	0	16.00
17.00	Leasehold improvements	626,853	0	0	0	17.00
18.00	Accumulated depreciation	-226,345	0	0	0	18.00
19.00	Fixed equipment	13,530,387	0	0	0	19.00
20.00	Accumulated depreciation	-11,030,477	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	83,840,067	0	0	0	23.00
24.00	Accumulated depreciation	-62,283,560	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	122,292,437	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	103,140,437	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	76,812,555	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	179,952,992	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	390,306,007	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	11,728,265	0	0	0	37.00
38.00	Salaries, wages, and fees payable	19,848,211	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,580,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	7,400,759	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	41,557,235	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	87,564,061	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	87,564,061	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	129,121,296	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	261,184,711				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)	261,184,711	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	390,306,007	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet G-1 | Date/Time Prepared: 10/31/2014 4:22 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		223,785,310		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		37,399,401				2.00
3.00	Total (sum of line 1 and line 2)		261,184,711		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		261,184,711		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)		261,184,711		0		19.00

		Endowment Fund	Plant Fund		
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)				2.00
3.00	Total (sum of line 1 and line 2)	0		0	3.00
4.00	Additions (credit adjustments) (specify)		0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	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: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet G-2 Parts I & II Date/Time Prepared: 10/31/2014 4:22 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	19,188,460		19,188,460	1.00
2.00	SUBPROVIDER - IPF	3,132,067		3,132,067	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				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				7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	22,320,527		22,320,527	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT	3,349,867		3,349,867	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)	3,349,867		3,349,867	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	25,670,394		25,670,394	17.00
18.00	Ancillary services	122,361,954	313,002,978	435,364,932	18.00
19.00	Outpatient services	0	32,742,513	32,742,513	19.00
20.00	RURAL HEALTH CLINIC	0	322,387	322,387	20.00
20.01	RURAL HEALTH CLINIC II	0	749,370	749,370	20.01
20.02	RURAL HEALTH CLINIC III	0	836,415	836,415	20.02
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		5,156,155	5,156,155	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	5,677,552	5,677,552	26.00
27.00	NURS IP REV, HOMKR,OCC HLTH	1,687,592	705,605	2,393,197	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	149,719,940	359,192,975	508,912,915	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		224,383,762		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		224,383,762		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet G-3 | Date/Time Prepared: 10/31/2014 4:22 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	508,912,915	1.00
2.00	Less contractual allowances and discounts on patients' accounts	317,125,698	2.00
3.00	Net patient revenues (line 1 minus line 2)	191,787,217	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	224,383,762	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-32,596,545	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	2,907,923	6.00
7.00	Income from investments	20,210,830	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	155,646	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	714,155	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	91,983	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	19,992	21.00
22.00	Rental of hospital space	331,354	22.00
23.00	Governmental appropriations	0	23.00
24.00	PHYS REV, GRANTS, MISC	45,564,063	24.00
25.00	Total other income (sum of lines 6-24)	69,995,946	25.00
26.00	Total (line 5 plus line 25)	37,399,401	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	37,399,401	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140189 | HHA CCN: 147594 | Period: From 07/01/2013 To 06/30/2014 | Worksheet H | Date/Time Prepared: 10/31/2014 4:22 pm

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		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 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	821,502	220,513	67,182	212,156	188,972	1,510,325	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,512,962	0	0	0	0	1,512,962	6.00
7.00	Physical Therapy	400,410	0	0	0	0	400,410	7.00
8.00	Occupational Therapy	176,258	0	0	0	0	176,258	8.00
9.00	Speech Pathology	30,756	0	0	0	0	30,756	9.00
10.00	Medical Social Services	49,016	0	0	0	0	49,016	10.00
11.00	Home Health Aide	95,203	0	0	0	0	95,203	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)	3,086,107	220,513	67,182	212,156	188,972	3,774,930	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	0	1,510,325	0	1,510,325			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	1,512,962	0	1,512,962			6.00
7.00	Physical Therapy	0	400,410	0	400,410			7.00
8.00	Occupational Therapy	0	176,258	0	176,258			8.00
9.00	Speech Pathology	0	30,756	0	30,756			9.00
10.00	Medical Social Services	0	49,016	0	49,016			10.00
11.00	Home Health Aide	0	95,203	0	95,203			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)	0	3,774,930	0	3,774,930			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: 140189 HHA CCN: 147594 | Period: From 07/01/2013 To 06/30/2014 | Worksheet H-1 Part I Date/Time Prepared: 10/31/2014 4:22 pm

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			Capital Related Costs					
		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Bldgs & Fixtures	Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.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	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	1,510,325	0	0	0	0	1,510,325	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,512,962	0	0	0	0	1,512,962	6.00
7.00	Physical Therapy	400,410	0	0	0	0	400,410	7.00
8.00	Occupational Therapy	176,258	0	0	0	0	176,258	8.00
9.00	Speech Pathology	30,756	0	0	0	0	30,756	9.00
10.00	Medical Social Services	49,016	0	0	0	0	49,016	10.00
11.00	Home Health Aide	95,203	0	0	0	0	95,203	11.00
12.00	Supplies (see instructions)	0	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	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)	3,774,930	0	0	0	0	3,774,930	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	1,510,325		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	1,009,035	2,521,997	6.00
7.00	Physical Therapy	267,044	667,454	7.00
8.00	Occupational Therapy	117,551	293,809	8.00
9.00	Speech Pathology	20,512	51,268	9.00
10.00	Medical Social Services	32,690	81,706	10.00
11.00	Home Health Aide	63,493	158,696	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)		3,774,930	24.00

COST ALLOCATION - HHA STATISTICAL BASIS | Provider CCN: 140189 HHA CCN: 147594 | Period: From 07/01/2013 To 06/30/2014 | Worksheet H-1 Part II Date/Time Prepared: 10/31/2014 4:22 pm

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		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	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	-1,510,325	2,264,605	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,512,962	6.00
7.00	Physical Therapy	0	0	0	0	0	400,410	7.00
8.00	Occupational Therapy	0	0	0	0	0	176,258	8.00
9.00	Speech Pathology	0	0	0	0	0	30,756	9.00
10.00	Medical Social Services	0	0	0	0	0	49,016	10.00
11.00	Home Health Aide	0	0	0	0	0	95,203	11.00
12.00	Supplies (see instructions)	0	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	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)	0	0	0	0	-1,510,325	2,264,605	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,510,325	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.666926	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140189 | HHA CCN: 147594 | Period: From 07/01/2013 To 06/30/2014 | Worksheet H-2 Part I | Date/Time Prepared: 10/31/2014 4:22 pm

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	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS NEW BLDG & FIXT	CAPITAL RELATED COSTS NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	35,300	3,432	700,417	739,149	127,019	1.00
2.00	Skilled Nursing Care	2,521,997	0	0	0	2,521,997	433,392	2.00
3.00	Physical Therapy	667,454	0	0	0	667,454	114,699	3.00
4.00	Occupational Therapy	293,809	0	0	0	293,809	50,490	4.00
5.00	Speech Pathology	51,268	0	0	0	51,268	8,810	5.00
6.00	Medical Social Services	81,706	0	0	0	81,706	14,041	6.00
7.00	Home Health Aide	158,696	0	0	0	158,696	27,271	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)	3,774,930	35,300	3,432	700,417	4,514,079	775,722	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	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	56,762	0	11,268	0	20,495	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)	56,762	0	11,268	0	20,495	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: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet H-2 Part I
HHA CCN: 147594 | Date/Time Prepared: 10/31/2014 4:22 pm

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	Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		14.00	15.00	16.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	30,354	985,047	0	985,047	1.00
2.00	Skilled Nursing Care	0	0	0	2,955,389	0	2,955,389	2.00
3.00	Physical Therapy	0	0	0	782,153	0	782,153	3.00
4.00	Occupational Therapy	0	0	0	344,299	0	344,299	4.00
5.00	Speech Pathology	0	0	0	60,078	0	60,078	5.00
6.00	Medical Social Services	0	0	0	95,747	0	95,747	6.00
7.00	Home Health Aide	0	0	0	185,967	0	185,967	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	30,354	5,408,680	0	5,408,680	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	Allocated HHA A&G (see Part II)	Total HHA Costs	
		27.00	28.00	
1.00	Administrative and General			1.00
2.00	Skilled Nursing Care	658,101	3,613,490	2.00
3.00	Physical Therapy	174,168	956,321	3.00
4.00	Occupational Therapy	76,668	420,967	4.00
5.00	Speech Pathology	13,378	73,456	5.00
6.00	Medical Social Services	21,321	117,068	6.00
7.00	Home Health Aide	41,411	227,378	7.00
8.00	Supplies (see instructions)	0	0	8.00
9.00	Drugs	0	0	9.00
10.00	DME	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	11.00
12.00	Respiratory Therapy	0	0	12.00
13.00	Private Duty Nursing	0	0	13.00
14.00	Clinic	0	0	14.00
15.00	Health Promotion Activities	0	0	15.00
16.00	Day Care Program	0	0	16.00
17.00	Home Delivered Meals Program	0	0	17.00
18.00	Homemaker Service	0	0	18.00
19.00	All Others (specify)	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	985,047	5,408,680	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.	0.222678		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: 140189 HHA CCN: 147594

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

Worksheet H-2 Part II Date/Time Prepared: 10/31/2014 4:22 pm

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	Cost Center Description	CAPITAL RELATED COSTS NEW BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		1.00	2.00	4.00	5A	5.00	7.00	
1.00	Administrative and General	3,990	2,765	3,086,107	0	739,149	3,276	1.00
2.00	Skilled Nursing Care	0	0	0	0	2,521,997	0	2.00
3.00	Physical Therapy	0	0	0	0	667,454	0	3.00
4.00	Occupational Therapy	0	0	0	0	293,809	0	4.00
5.00	Speech Pathology	0	0	0	0	51,268	0	5.00
6.00	Medical Social Services	0	0	0	0	81,706	0	6.00
7.00	Home Health Aide	0	0	0	0	158,696	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)	3,990	2,765	3,086,107		4,514,079	3,276	20.00
21.00	Total cost to be allocated	35,300	3,432	700,417		775,722	56,762	21.00
22.00	Unit cost multiplier	8.847118	1.241230	0.226958		0.171845	17.326618	22.00

	Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	32	0	12	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	32	0	12	0	0	20.00
21.00	Total cost to be allocated	0	11,268	0	20,495	0	0	21.00
22.00	Unit cost multiplier	0.000000	352.125000	0.000000	1,707.916667	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140189 HHA CCN: 147594

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

Worksheet H-2 Part II Date/Time Prepared: 10/31/2014 4:22 pm

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	Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)				
		15.00	16.00				
1.00	Administrative and General	0	5,156,155				1.00
2.00	Skilled Nursing Care	0	0				2.00
3.00	Physical Therapy	0	0				3.00
4.00	Occupational Therapy	0	0				4.00
5.00	Speech Pathology	0	0				5.00
6.00	Medical Social Services	0	0				6.00
7.00	Home Health Aide	0	0				7.00
8.00	Supplies (see instructions)	0	0				8.00
9.00	Drugs	0	0				9.00
10.00	DME	0	0				10.00
11.00	Home Dialysis Aide Services	0	0				11.00
12.00	Respiratory Therapy	0	0				12.00
13.00	Private Duty Nursing	0	0				13.00
14.00	Clinic	0	0				14.00
15.00	Health Promotion Activities	0	0				15.00
16.00	Day Care Program	0	0				16.00
17.00	Home Delivered Meals Program	0	0				17.00
18.00	Homemaker Service	0	0				18.00
19.00	All Others (specify)	0	0				19.00
20.00	Total (sum of lines 1-19)	0	5,156,155				20.00
21.00	Total cost to be allocated	0	30,354				21.00
22.00	Unit cost multiplier	0.000000	0.005887				22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet H-3 Part I
HHA CCN: 147594 | Date/Time Prepared: 10/31/2014 4:22 pm

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	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	3,613,490		3,613,490	17,938	201.44	1.00
2.00	Physical Therapy	3.00	956,321	0	956,321	5,779	165.48	2.00
3.00	Occupational Therapy	4.00	420,967	0	420,967	1,869	225.24	3.00
4.00	Speech Pathology	5.00	73,456	0	73,456	227	323.59	4.00
5.00	Medical Social Services	6.00	117,068		117,068	289	405.08	5.00
6.00	Home Health Aide	7.00	227,378		227,378	3,096	73.44	6.00
7.00	Total (sum of lines 1-6)		5,408,680	0	5,408,680	29,198		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		99914	0	0			8.00
9.00	Physical Therapy		99914	0	0			9.00
10.00	Occupational Therapy		99914	0	0			10.00
11.00	Speech Pathology		99914	0	0			11.00
12.00	Medical Social Services		99914	0	0			12.00
13.00	Home Health Aide		99914	0	0			13.00
14.00	Total (sum of lines 8-13)			0	0			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	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

	Cost Center Description	Program Visits Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles & Coinsurance	Cost of Services Part A	Part B Not Subject to Deductibles & Coinsurance	Part B 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	0	0		0	0		1.00
2.00	Physical Therapy	0	0		0	0		2.00
3.00	Occupational Therapy	0	0		0	0		3.00
4.00	Speech Pathology	0	0		0	0		4.00
5.00	Medical Social Services	0	0		0	0		5.00
6.00	Home Health Aide	0	0		0	0		6.00
7.00	Total (sum of lines 1-6)	0	0		0	0		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: 140189 HHA CCN: 147594 | Period: From 07/01/2013 To 06/30/2014 | Worksheet H-3 Part I Date/Time Prepared: 10/31/2014 4:22 pm

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	Cost Center Description	Program Covered Charges			Cost of Services			
			Part B			Part B		
		Part A	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	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies							15.00
16.00	Cost of Drugs		0	0		0	0	16.00

	Cost Center Description	Total Program Cost (sum of cols. 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	0	1.00
2.00	Physical Therapy	0	2.00
3.00	Occupational Therapy	0	3.00
4.00	Speech Pathology	0	4.00
5.00	Medical Social Services	0	5.00
6.00	Home Health Aide	0	6.00
7.00	Total (sum of lines 1-6)	0	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: 140189
HHA CCN: 147594

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

Worksheet H-3
Part II
Date/Time Prepared:
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Home Health Agency I

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	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	0.307640	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.322195	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.388215	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.228670	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.167612	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 140189 | HHA CCN: 147594 | Period: From 07/01/2013 To 06/30/2014 | Worksheet H-4 Part I-II | Date/Time Prepared: 10/31/2014 4:22 pm

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		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B 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	1.00
2.00	Total charges	0	0	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
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	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		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	0	0	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	0	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	0	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	0	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	0	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	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	0	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	0	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	0	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)	0	0	31.00
31.01	Sequestration adjustment (see instructions)	0	0	31.01
32.00	Interim payments (see instructions)	0	0	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	0	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: 140189 HHA CCN: 147594 | Period: From 07/01/2013 To 06/30/2014 | Worksheet H-5 | Date/Time Prepared: 10/31/2014 4:22 pm

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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		0		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			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)		0		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			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		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		0	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: 140189 Hospice CCN: 141599

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

Worksheet K

Date/Time Prepared: 10/31/2014 4:22 pm

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	201,728	0	0	0	772,003	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	1,044,309	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	Total (sum of lines 1 thru 38)	1,246,037	0	0	0	772,003	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140189 Hospice CCN: 141599 | Period: From 07/01/2013 To 06/30/2014 | Worksheet K | Date/Time Prepared: 10/31/2014 4:22 pm

Hospice I

		Total (cols. 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	973,731	0	973,731	0	973,731	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	1,044,309	0	1,044,309	0	1,044,309	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	Total (sum of lines 1 thru 38)	2,018,040	0	2,018,040	0	2,018,040	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140189 Hospice CCN: 141599

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

Worksheet K-1

Date/Time Prepared: 10/31/2014 4:22 pm

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	112,856	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	164,186	0	783,960	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	112,856	164,186	0	783,960	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140189 Hospice CCN: 141599

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

Worksheet K-1

Date/Time Prepared: 10/31/2014 4:22 pm

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	88,872	201,728		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		96,163	0	1,044,309		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	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	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	0		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)	0	96,163	88,872	1,246,037		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140189 Hospice CCN: 141599

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

Worksheet K-4 Part I Date/Time Prepared: 10/31/2014 4:22 pm

Hospice I

		NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION	
			BUILDINGS & FIXTURES	MOVABLE EQUIPMENT			
		0	1.00	2.00	3.00	4.00	
	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	973,731	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	1,044,309	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	Total (sum of lines 1 thru 38)	2,018,040	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140189 Hospice CCN: 141599

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

Worksheet K-4 Part I Date/Time Prepared: 10/31/2014 4:22 pm

Hospice I

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 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	973,731	973,731			6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	1,044,309	973,731	2,018,040		7.00
8.00	Inpatient - Respite Care	0	0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0		9.00
10.00	Nursing Care	0	0	0	0		10.00
11.00	Nursing Care-Continuous Home Care	0	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	0		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	0	0	0		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	0	0	0		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	0	0	0		26.00
27.00	Patient Transportation	0	0	0	0		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	0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0		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	0	0	0		35.00
36.00	Volunteer Program Costs	0	0	0	0		36.00
37.00	Fundraising	0	0	0	0		37.00
38.00	Other Program Costs	0	0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	2,018,040		2,018,040		39.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140189 Hospice CCN: 141599 | Period: From 07/01/2013 To 06/30/2014 | Worksheet K-4 Part II Date/Time Prepared: 10/31/2014 4:22 pm

Hospice I

		CAPITAL RELATED COST					
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT ($ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		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: 140189 Hospice CCN: 141599 | Period: From 07/01/2013 To 06/30/2014 | Worksheet K-4 Part II Date/Time Prepared: 10/31/2014 4:22 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)		
		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	-973,731	1,044,309		6.00
	INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	1,044,309		7.00
8.00	Inpatient - Respite Care	0	0		8.00
	VISITING SERVICES				
9.00	Physician Services	0	0		9.00
10.00	Nursing Care	0	0		10.00
11.00	Nursing Care-Continuous Home Care	0	0		11.00
12.00	Physical Therapy	0	0		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	0		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	0		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	0		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	0		26.00
27.00	Patient Transportation	0	0		27.00
28.00	Imaging Services	0	0		28.00
29.00	Labs and Diagnostics	0	0		29.00
30.00	Medical Supplies	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)	0	0		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	0		35.00
36.00	Volunteer Program Costs	0	0		36.00
37.00	Fundraising	0	0		37.00
38.00	Other Program Costs	0	0		38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		973,731		39.00
40.00	Unit Cost Multiplier		0.932417		40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140189
Hospice CCN: 141599

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

Worksheet K-5
Part I
Date/Time Prepared:
10/31/2014 4:22 pm

Hospice I

	Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
1.00	Administrative and General		13,271	0	282,798	296,069	1.00
2.00	Inpatient - General Care	2,018,040	0	0	0	2,018,040	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)	2,018,040	13,271	0	282,798	2,314,109	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140189
Hospice CCN: 141599

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

Worksheet K-5
Part I
Date/Time Prepared:
10/31/2014 4:22 pm

Hospice I

	Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	50,878	40,544	0	11,268	0	1.00
2.00	Inpatient - General Care	346,790	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)	397,668	40,544	0	11,268	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140189
Hospice CCN: 141599

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

Worksheet K-5
Part I
Date/Time Prepared:
10/31/2014 4:22 pm

Hospice I

	Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	5,124	0	0	0	33,424	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)	5,124	0	0	0	33,424	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140189 Hospice CCN: 141599

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

Worksheet K-5 Part I Date/Time Prepared: 10/31/2014 4:22 pm

Hospice I

	Cost Center Description	Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (cols. 26 ± 27)	
		24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	437,307					1.00
2.00	Inpatient - General Care	2,364,830	0	2,364,830	437,307	2,802,137	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)	2,802,137	0	2,802,137		2,802,137	34.00
35.00	Unit Cost Multiplier (see instructions)				0.184921		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140189
Hospice CCN: 141599

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

Worksheet K-5
Part II
Date/Time Prepared:
10/31/2014 4:22 pm

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	4.00	5A	5.00	
1.00	Administrative and General	13,271	0	282,798	0	296,069	1.00
2.00	Inpatient - General Care	0	0	0	0	2,018,040	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)	13,271	0	282,798		2,314,109	34.00
35.00	Total cost to be allocated	13,271	0	282,798		397,668	35.00
36.00	Unit Cost Multiplier (see instructions)	1.000000	0.000000	1.000000		0.171845	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140189
Hospice CCN: 141599

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

Worksheet K-5
Part II
Date/Time Prepared:
10/31/2014 4:22 pm

Hospice I

	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	40,546	0	11,268	0	5,124	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)	40,546	0	11,268	0	5,124	34.00
35.00	Total cost to be allocated	40,544	0	11,268	0	5,124	35.00
36.00	Unit Cost Multiplier (see instructions)	0.999951	0.000000	1.000000	0.000000	1.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140189
Hospice CCN: 141599

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

Worksheet K-5
Part II
Date/Time Prepared:
10/31/2014 4:22 pm

Hospice I

	Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
		13.00	14.00	15.00	16.00		
1.00	Administrative and General	0	0	0	33,424		1.00
2.00	Inpatient - General Care	0	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	0	0	0		4.00
5.00	Nursing Care	0	0	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	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	0	0	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	0	0	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	0	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	0	0		21.00
22.00	Patient Transportation	0	0	0	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	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	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	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0	0		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	33,424		34.00
35.00	Total cost to be allocated	0	0	0	33,424		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	1.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 140189 Hospice CCN: 141599

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

Worksheet K-5 Part III Date/Time Prepared: 10/31/2014 4:22 pm

Hospice I

	Cost Center Description	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	0.307640	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.322195	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.388215	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.167612	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.313763	0	0	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.228670	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.192359	0	0	9.00
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	4.432194	0	0	10.00
11.00	Totals (sum of lines 1-10)				0	11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140189 Hospice CCN: 141599

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

Worksheet K-6

Date/Time Prepared: 10/31/2014 4:22 pm

Hospice I

		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				2,802,137	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				21,408	2.00
3.00	Average cost per diem (line 1 divided by line 2)				130.89	3.00
4.00	Updduplicated Medicare Days (Worksheet S-9, column 1, line 5)	18,783				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	2,458,507				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		726			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		95,026			7.00
8.00	Updduplicated SNF Days (Worksheet S-9, column 3, line 5)	8,581				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	1,123,167				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		257			10.00
11.00	Aggregate NF cost (line 3 times line 10)		33,639			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			1,899		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			248,560		13.00

CALCULATION OF CAPITAL PAYMENT | Provider CCN: 140189 | Period: From 07/01/2013 To 06/30/2014 | Worksheet L Parts I-III Date/Time Prepared: 10/31/2014 4:22 pm

Title XVIII | Hospital | PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	1,445,928	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	21,885	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)	54.25	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)	1,467,813	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: 140189 Component CCN: 143978 | Period: From 07/01/2013 To 06/30/2014 | Worksheet M-1 | Date/Time Prepared: 10/31/2014 4:22 pm

Rural Health Clinic (RHC) I | Cost

		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	0	0	0	0	0	1.00
2.00	Physician Assistant	75,732	6,619	82,351	0	82,351	2.00
3.00	Nurse Practitioner	22,690	1,735	24,425	0	24,425	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	0	0	5.00
6.00	Clinical Psychologist	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	99,739	7,062	106,801	0	106,801	9.00
10.00	Subtotal (sum of lines 1-9)	198,161	15,416	213,577	0	213,577	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	18,238	18,238	0	18,238	15.00
16.00	Transportation (Health Care Staff)	0	1,272	1,272	0	1,272	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	10,562	10,562	0	10,562	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	30,072	30,072	0	30,072	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	198,161	45,488	243,649	0	243,649	22.00
	COSTS OTHER THAN RHC/FQHC SERVICS						
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	54,148	54,148	0	54,148	29.00
30.00	Administrative Costs	48,446	6,153	54,599	0	54,599	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	48,446	60,301	108,747	0	108,747	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	246,607	105,789	352,396	0	352,396	32.00

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

Provider CCN: 140189 Component CCN: 143978 | Period: From 07/01/2013 To 06/30/2014 | Worksheet M-1 | Date/Time Prepared: 10/31/2014 4:22 pm

Rural Health Clinic (RHC) I | Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	0		1.00
2.00	Physician Assistant	0	82,351		2.00
3.00	Nurse Practitioner	0	24,425		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	0		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	106,801		9.00
10.00	Subtotal (sum of lines 1-9)	0	213,577		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	18,238		15.00
16.00	Transportation (Health Care Staff)	0	1,272		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	10,562		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs	0	0		20.00
21.00	Subtotal (sum of lines 15-20)	0	30,072		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	243,649		22.00
	COSTS OTHER THAN RHC/FQHC SERVICS				
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	54,148		29.00
30.00	Administrative Costs	0	54,599		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	108,747		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	352,396		32.00

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

Provider CCN: 140189 Component CCN: 143998 | Period: From 07/01/2013 To 06/30/2014 | Worksheet M-1 | Date/Time Prepared: 10/31/2014 4:22 pm

Rural Health Clinic (RHC) II | Cost

		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	211,404	26,298	237,702	0	237,702	1.00
2.00	Physician Assistant	95,425	10,237	105,662	0	105,662	2.00
3.00	Nurse Practitioner	0	0	0	0	0	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	0	0	5.00
6.00	Clinical Psychologist	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	99,080	6,789	105,869	0	105,869	9.00
10.00	Subtotal (sum of lines 1-9)	405,909	43,324	449,233	0	449,233	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	22,512	22,512	0	22,512	15.00
16.00	Transportation (Health Care Staff)	0	1,342	1,342	0	1,342	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	24,645	24,645	0	24,645	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	48,499	48,499	0	48,499	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	405,909	91,823	497,732	0	497,732	22.00
	COSTS OTHER THAN RHC/FQHC SERVICS						
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	68,763	68,763	0	68,763	29.00
30.00	Administrative Costs	90,880	10,900	101,780	0	101,780	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	90,880	79,663	170,543	0	170,543	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	496,789	171,486	668,275	0	668,275	32.00

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

Provider CCN: 140189 | Component CCN: 143998 | Period: From 07/01/2013 To 06/30/2014 | Worksheet M-1 | Date/Time Prepared: 10/31/2014 4:22 pm

Rural Health Clinic (RHC) II | Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	237,702		1.00
2.00	Physician Assistant	0	105,662		2.00
3.00	Nurse Practitioner	0	0		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	0		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	105,869		9.00
10.00	Subtotal (sum of lines 1-9)	0	449,233		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	22,512		15.00
16.00	Transportation (Health Care Staff)	0	1,342		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	24,645		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs	0	0		20.00
21.00	Subtotal (sum of lines 15-20)	0	48,499		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	497,732		22.00
	COSTS OTHER THAN RHC/FQHC SERVICS				
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	68,763		29.00
30.00	Administrative Costs	0	101,780		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	170,543		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	668,275		32.00

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

Provider CCN: 140189 Component CCN: 143435 | Period: From 07/01/2013 To 06/30/2014 | Worksheet M-1 | Date/Time Prepared: 10/31/2014 4:22 pm

Rural Health Clinic (RHC) III | Cost

		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	222,516	16,742	239,258	0	239,258	1.00
2.00	Physician Assistant	225,830	11,160	236,990	0	236,990	2.00
3.00	Nurse Practitioner	0	0	0	0	0	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	0	0	5.00
6.00	Clinical Psychologist	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	120,317	8,088	128,405	0	128,405	9.00
10.00	Subtotal (sum of lines 1-9)	568,663	35,990	604,653	0	604,653	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	26,223	26,223	0	26,223	15.00
16.00	Transportation (Health Care Staff)	0	1,807	1,807	0	1,807	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	24,645	24,645	0	24,645	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	52,675	52,675	0	52,675	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	568,663	88,665	657,328	0	657,328	22.00
	COSTS OTHER THAN RHC/FQHC SERVICS						
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	40,766	40,766	0	40,766	29.00
30.00	Administrative Costs	69,774	9,690	79,464	0	79,464	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	69,774	50,456	120,230	0	120,230	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	638,437	139,121	777,558	0	777,558	32.00

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

Provider CCN: 140189 Component CCN: 143435 | Period: From 07/01/2013 To 06/30/2014 | Worksheet M-1 | Date/Time Prepared: 10/31/2014 4:22 pm

Rural Health Clinic (RHC) III | Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	239,258		1.00
2.00	Physician Assistant	0	236,990		2.00
3.00	Nurse Practitioner	0	0		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	0		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	128,405		9.00
10.00	Subtotal (sum of lines 1-9)	0	604,653		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	26,223		15.00
16.00	Transportation (Health Care Staff)	0	1,807		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	24,645		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs	0	0		20.00
21.00	Subtotal (sum of lines 15-20)	0	52,675		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	657,328		22.00
	COSTS OTHER THAN RHC/FQHC SERVICS				
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	40,766		29.00
30.00	Administrative Costs	0	79,464		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	120,230		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	777,558		32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

Provider CCN: 140189 | Component CCN: 143978 | Period: From 07/01/2013 To 06/30/2014 | Worksheet M-2 | Date/Time Prepared: 10/31/2014 4:22 pm

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	0.00	0	0	0		1.00
2.00	Physician Assistant	0.74	3,037	2,100	1,554		2.00
3.00	Nurse Practitioner	0.00	0	0	0		3.00
4.00	Subtotal (sum of lines 1-3)	0.74	3,037		1,554	3,037	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)	0.74	3,037			3,037	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)					243,649	10.00
11.00	Total nonreimbursable costs (from Worksheet M-1, column 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					243,649	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total facility overhead - (from Worksheet M-1, column 7, line 31)					108,747	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					533,011	15.00
16.00	Total overhead (sum of lines 14 and 15)					641,758	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Subtract line 17 from line 16					641,758	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)					641,758	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)					885,407	20.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

Provider CCN: 140189 | Component CCN: 143998 | Period: From 07/01/2013 To 06/30/2014 | Worksheet M-2 | Date/Time Prepared: 10/31/2014 4:22 pm

Rural Health Clinic (RHC) II | Cost

		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
	VISITS AND PRODUCTIVITY						
	Positions						
1.00	Physician	1.00	1,723	2,100	2,100		1.00
2.00	Physician Assistant	1.00	2,097	2,100	2,100		2.00
3.00	Nurse Practitioner	0.00	0	0	0		3.00
4.00	Subtotal (sum of lines 1-3)	2.00	3,820		4,200	4,200	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)	2.00	3,820			4,200	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)					497,732	10.00
11.00	Total nonreimbursable costs (from Worksheet M-1, column 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					497,732	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total facility overhead - (from Worksheet M-1, column 7, line 31)					170,543	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					449,462	15.00
16.00	Total overhead (sum of lines 14 and 15)					620,005	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Subtract line 17 from line 16					620,005	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)					620,005	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)					1,117,737	20.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

Provider CCN: 140189 | Component CCN: 143435 | Period: From 07/01/2013 To 06/30/2014 | Worksheet M-2 | Date/Time Prepared: 10/31/2014 4:22 pm

Rural Health Clinic (RHC) III | 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	1,296	2,100	2,100		1.00
2.00	Physician Assistant	1.01	4,422	2,100	2,121		2.00
3.00	Nurse Practitioner	0.00	0	0	0		3.00
4.00	Subtotal (sum of lines 1-3)	2.01	5,718		4,221	5,718	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)	2.01	5,718			5,718	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)					657,328	10.00
11.00	Total nonreimbursable costs (from Worksheet M-1, column 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					657,328	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total facility overhead - (from Worksheet M-1, column 7, line 31)					120,230	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					396,238	15.00
16.00	Total overhead (sum of lines 14 and 15)					516,468	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Subtract line 17 from line 16					516,468	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)					516,468	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)					1,173,796	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES	Provider CCN: 140189 Component CCN: 143978	Period: From 07/01/2013 To 06/30/2014	Worksheet M-3 Date/Time Prepared: 10/31/2014 4:22 pm
	Title XVIII	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)		885,407	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		0	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		885,407	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		3,037	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)		3,037	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		291.54	7.00
		Calculation of Limit (1)		
		Prior to January 1	On on 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)	0	753	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	60,089	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) *		60,089	16.00
16.01	Total program charges (see instructions)(from contractor's records)		82,807	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		34,593	16.04
16.05	Total program cost (see instructions)		34,593	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		16,848	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		13,192	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		34,593	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		34,593	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)		34,593	26.00
26.01	Sequestration adjustment (see instructions)		692	26.01
27.00	Interim payments		33,108	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		793	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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES	Provider CCN: 140189 Component CCN: 143998	Period: From 07/01/2013 To 06/30/2014	Worksheet M-3 Date/Time Prepared: 10/31/2014 4:22 pm
	Title XVIII	Rural Health Clinic (RHC) II	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)		1,117,737	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		0	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		1,117,737	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		4,200	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)		4,200	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		266.13	7.00
		Calculation of Limit (1)		
		Prior to January 1	On on 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)	0	735	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	58,653	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) *		58,653	16.00
16.01	Total program charges (see instructions)(from contractor's records)		104,145	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		37,864	16.04
16.05	Total program cost (see instructions)		37,864	16.05
17.00	Primary payer amounts		225	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		11,323	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		18,564	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		37,639	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		37,639	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)		37,639	26.00
26.01	Sequestration adjustment (see instructions)		753	26.01
27.00	Interim payments		35,975	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		911	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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES	Provider CCN: 140189 Component CCN: 143435	Period: From 07/01/2013 To 06/30/2014	Worksheet M-3 Date/Time Prepared: 10/31/2014 4:22 pm
	Title XVIII	Rural Health Clinic (RHC) III	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)		1,173,796	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		0	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		1,173,796	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		5,718	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)		5,718	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		205.28	7.00
		Calculation of Limit (1)		
		Prior to January 1	On on 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)	0	1,340	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	106,932	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) *		106,932	16.00
16.01	Total program charges (see instructions)(from contractor's records)		186,579	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		70,029	16.04
16.05	Total program cost (see instructions)		70,029	16.05
17.00	Primary payer amounts		365	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		19,396	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		33,437	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		69,664	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		69,664	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)		69,664	26.00
26.01	Sequestration adjustment (see instructions)		1,393	26.01
27.00	Interim payments		66,631	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		1,640	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

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140189 Component CCN: 143978	Period: From 07/01/2013 To 06/30/2014	Worksheet M-5 Date/Time Prepared: 10/31/2014 4:22 pm
		Rural Health Clinic (RHC) I	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		33,108	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
	Program to Provider			
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
	Provider to Program			
3.50			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)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		33,108	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		793	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		33,901	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140189 Component CCN: 143998	Period: From 07/01/2013 To 06/30/2014	Worksheet M-5 Date/Time Prepared: 10/31/2014 4:22 pm
		Rural Health Clinic (RHC) II	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		35,975	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
	Program to Provider			
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
	Provider to Program			
3.50			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)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		35,975	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		911	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		36,886	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140189 Component CCN: 143435	Period: From 07/01/2013 To 06/30/2014	Worksheet M-5 Date/Time Prepared: 10/31/2014 4:22 pm
		Rural Health Clinic (RHC) III	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		66,631	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
	Program to Provider			
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
	Provider to Program			
3.50			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)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		66,631	4.00
	TO BE COMPLETED BY CONTRACTOR			
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
	Program to Provider			
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
	Provider to Program			
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		1,640	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		68,271	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

SPECIAL REPORTS - Interns & Residents to Beds Ratio Report	Provider CCN: 140189	Period: From 07/01/2013 To 06/30/2014	Worksheet I&R Date/Time Prepared: 10/31/2014 4:22 pm

		1.00	
	Subject: Interns & Residents to Beds Ratio Update (Operating IME)		
	Interns & Residents to Average Daily Census Ratio Update (Capital IME)		
	Please make the following changes in order to update the Provider Specific file:		
	Ref: CMS PUB. 100-04, SEC 20.2.3		
	INTERNS & RESIDENTS /BEDS RATIO FOR OPERATING PPS		
1.00	Number of Beds (E Pt A Ln 4)	74.25	1.00
2.00	Number of FTE Interns & Residents (E Pt A Ln 15)	0.00	2.00
3.00	Current Yr resident to bed ratio (E Pt A Ln 19)	0.0000	3.00
4.00	Prior Yr resident to bed ratio (E Pt A Ln 20)	0.0000	4.00
5.00	Lesser of Ln 3 or Ln 4 (E Pt A Ln 21)	0.0000	5.00
6.00	Section 422 Add-on FTE (E Pt A Ln 25)	0.00	6.00
7.00	Total IME Payment (E Pt A Ln 29)	0	7.00
8.00	DRG + HMO DRG (E Pt A Lns 1 + 3)	0	8.00
9.00	FISS PSF Intern to bed ratio ((((Ln 7 / Ln 8) / 1.35) + 1) ^ (1/0.405)) - 1	0.0000	9.00
	INTERNS & RESIDENTS / Average Daily Census Ratio for Capital PPS		
20.00	Number of FTE Interns & Residents (L, Ln 4)	0.00	20.00
21.00	Average Daily Census for PPS Hospital (L, Ln 3)	54.25	21.00
22.00	Ratio of Interns & Residents / Average Daily Census - Ln 20 / Ln 21 (round to four decimal places)	0.0000	22.00

The information for this update was taken from:

_____ Information supplied by the provider

_____ Final Settled Cost Report for FYE: 06/30/2014

_____ Other (Specify)