

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet S Parts I-III Date/Time Prepared: 11/23/2015 5:22 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 11/23/2015 Time: 5:22 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MCDONOUGH DISTRICT HOSPITAL (140089) for the cost reporting period beginning 07/01/2014 and ending 06/30/2015 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

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-133,293	185,606	61,908	2,723,100	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
9.00 HOME HEALTH AGENCY I	0	0	-1	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	81,782	0	0	10.00
200.00 Total	0	-133,293	267,387	61,908	2,723,100	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDI-CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 140089		Period: From 07/01/2014 To 06/30/2015		Worksheet S-2 Part I Date/Time Prepared: 11/23/2015 5:05 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 525 E. GRANT		PO Box:		Zip Code: 61455-		County: MCDONOUGH					
2.00 City: MACOMB		State: IL									
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		V		XVIII		XIX					
Hospital and Hospital-Based Component Identification:											
3.00 Hospital		MCDONOUGH DISTRICT HOSPITAL		140089	99914	1	07/01/1966	N	P	O	3.00
4.00 Subprovider - IPF											4.00
5.00 Subprovider - IRF											5.00
6.00 Subprovider - (Other)											6.00
7.00 Swing Beds - SNF		MDH SWING BEDS		14U089	99914		04/29/2015	N	P	N	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		MDH HOME HEALTH		147293	99914		12/14/1984	N	P	O	12.00
13.00 Separately Certified ASC											13.00
14.00 Hospital-Based Hospice		MDH HOSPICE		141524	99914		01/12/1989				14.00
15.00 Hospital-Based Health Clinic - RHC		BUSHNELL FAMILY PRACTICE		148522	99914		01/31/2013	N	O	O	15.00
16.00 Hospital-Based Health Clinic - 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)							07/01/2014	06/30/2015		20.00	
21.00 Type of Control (see instructions)							11		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)							Y	Y		22.01	
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.							N	N		22.02	
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.							N	N		22.03	
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								3	N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		998	258	0	0	4	0		24.00		
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.		0	0	0	0	0	0		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/23/2015 5:05 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.	07/01/2014	06/30/2015				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.		0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00	
		Y/N	Y/N					
		1.00	2.00					
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	Y	Y				39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N				40.00	
		V	XVII	XIX				
		1.00	2.00	3.00				
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N				45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N				46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N				47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N				48.00
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N					56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.						57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.						58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N						59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y						60.00
		Y/N	IME	Direct GME	IME	Direct GME		
		1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00		61.00
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: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-2
Part I
Date/Time Prepared:
11/23/2015 5:05 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 Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
				1.00	2.00	3.00
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000 64.00
		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: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/23/2015 5:05 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 nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			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 an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V		XIX				
		1.00		2.00				
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		97.00	
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	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	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		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	110.00	
						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 column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N					117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00	
		Premiums	Losses	Insurance				
		1.00	2.00	3.00				
118.01	List amounts of malpractice premiums and paid losses:	172,104	277,282			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.	N		N			120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.					Y		121.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140089		Period: From 07/01/2014 To 06/30/2015		Worksheet S-2 Part I Date/Time Prepared: 11/23/2015 5:05 pm	
		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	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.75	
		Beginni ng		Endi ng			
		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)	07/01/2014		06/30/2015		170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/23/2015 5:05 pm	
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			Y	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/23/2015 5:05 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.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	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	10/05/2015	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

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	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 relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				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.				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.				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.				35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BRENDA		NEAL	41.00
42.00	Enter the employer/company name of the cost report preparer.	MCDONOUGH COUNTY HOSPITAL DISTRICT			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	309/836-1521		BKNEAL@MDH.ORG	43.00

		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	10/05/2015		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		ACCOUNTING/PAYROLL DEPT LEADER	41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
11/23/2015 5:05 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V
	Line Number				Visits / Trips	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	31	11,143	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)		31	11,143	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	7	2,555	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		38	13,698	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		38				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)		3	1,095			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
11/23/2015 5:05 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	2,355	655	4,776			1.00
2.00 HMO and other (see instructions)	574	211				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	65			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	2,355	655	4,841			7.00
8.00 INTENSIVE CARE UNIT	446	74	691			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		310	596			13.00
14.00 Total (see instructions)	2,801	1,039	6,128	0.00	504.94	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	3,824	476	6,964	0.00	15.15	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	8.01	24.00
24.10 HOSPICE (non-distinct part)	8	0	8			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	1,131	901	4,402	0.00	5.89	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	533.99	27.00
28.00 Observation Bed Days		256	918			28.00
29.00 Ambulance Trips	1,195					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	10	27			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: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
11/23/2015 5:05 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
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	698	253	1,610	1.00
2.00 HMO and other (see instructions)			146	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	698	253	1,610	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						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
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part II
Date/Time Prepared:
11/23/2015 5:05 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col. 2 ± col. 3)	Paid Hours Related to Sal aries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	35,048,183	0	35,048,183	1,105,470.00	31.70
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		1,040,308	0	1,040,308	8,656.00	120.18
4.00	Physician-Part A - Administrative		300,383	0	300,383	1,944.00	154.52
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		1,991,866	0	1,991,866	17,030.00	116.96
6.00	Non-physician-Part B		105,323	0	105,323	9,185.00	11.47
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		10,220,336	-368,402	9,851,934	252,925.00	38.95
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		113,523	0	113,523	1,685.00	67.37
12.00	Contract labor: Top level management and other management and administrative services		147,836	0	147,836	3,479.00	42.49
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		10,262,988	0	10,262,988		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,398,739	0	2,398,739		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		130,179	0	130,179		
22.00	Physician Part A - Administrative		41,009	0	41,009		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		224,135	0	224,135		
24.00	Wage-related costs (RHC/FQHC)		108,788	0	108,788		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	345,270	0	345,270	9,362.00	36.88
27.00	Administrative & General	5.00	4,170,874	0	4,170,874	154,677.00	26.97
28.00	Administrative & General under contract (see inst.)		147,836	0	147,836	3,479.00	42.49
29.00	Maintenance & Repairs	6.00	615,140	0	615,140	23,861.00	25.78
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00
31.00	Laundry & Linen Service	8.00	117,423	0	117,423	9,543.00	12.30
32.00	Housekeeping	9.00	275,928	0	275,928	23,543.00	11.72
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	122,517	67,209	189,726	10,610.00	17.88
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	159,864	-67,209	92,655	10,202.00	9.08
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	519,740	0	519,740	13,891.00	37.42
39.00	Central Services and Supply	14.00	281,229	12,485	293,714	17,775.00	16.52
40.00	Pharmacy	15.00	576,905	0	576,905	14,454.00	39.91

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part II
Date/Time Prepared:
11/23/2015 5:05 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 702,624	0	702,624	34,368.00	20.44	41.00
42.00	Social Service	17.00 414,529	0	414,529	13,920.00	29.78	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part III
Date/Time Prepared:
11/23/2015 5:05 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation 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)	32,058,522	0	32,058,522	1,074,078.00	29.85	1.00
2.00	Excluded area salaries (see instructions)	10,220,336	-368,402	9,851,934	252,925.00	38.95	2.00
3.00	Subtotal salaries (line 1 minus line 2)	21,838,186	368,402	22,206,588	821,153.00	27.04	3.00
4.00	Subtotal other wages & related costs (see inst.)	261,359	0	261,359	5,164.00	50.61	4.00
5.00	Subtotal wage-related costs (see inst.)	10,303,997	0	10,303,997	0.00	46.40	5.00
6.00	Total (sum of lines 3 thru 5)	32,403,542	368,402	32,771,944	826,317.00	39.66	6.00
7.00	Total overhead cost (see instructions)	8,449,879	12,485	8,462,364	339,685.00	24.91	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part IV Date/Time Prepared: 11/23/2015 5:05 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	821,919	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	6,330,354	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	266,498	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	40,946	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	98,211	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	248,502	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	2,304,290	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	94,000	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	58,268	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	10,262,988	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part V
Date/Time Prepared:
11/23/2015 5:05 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			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	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140089		Period: From 07/01/2014 To 06/30/2015		Worksheet S-4	
		Component CCN: 147293		Date/Time Prepared: 11/23/2015 5:05 pm		PPS	
		Home Health Agency I					
				1.00			
0.00	County	MCDONOUGH				0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	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)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.50	0.00	0.50	4.00
5.00	Other Administrative Personnel			3.40	0.00	3.40	5.00
6.00	Direct Nursing Service			7.59	0.00	7.59	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			1.88	0.00	1.88	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.89	0.00	0.89	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.16	0.00	0.16	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.12	0.00	0.12	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.61	0.00	0.61	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99914			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	2,036	24	75	15	2,150	21.00
22.00	Skilled Nursing Visit Charges	318,752	3,910	9,350	2,210	334,222	22.00
23.00	Physical Therapy Visits	971	0	47	10	1,028	23.00
24.00	Physical Therapy Visit Charges	155,721	0	6,120	1,700	163,541	24.00
25.00	Occupational Therapy Visits	385	0	2	7	394	25.00
26.00	Occupational Therapy Visit Charges	65,280	0	340	1,190	66,810	26.00
27.00	Speech Pathology Visits	41	0	0	0	41	27.00
28.00	Speech Pathology Visit Charges	6,970	0	0	0	6,970	28.00
29.00	Medical Social Service Visits	21	0	0	1	22	29.00
30.00	Medical Social Service Visit Charges	3,570	0	0	170	3,740	30.00
31.00	Home Health Aide Visits	189	0	0	0	189	31.00
32.00	Home Health Aide Visit Charges	20,991	0	0	0	20,991	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,643	24	124	33	3,824	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)	571,284	3,910	15,810	5,270	596,274	35.00
36.00	Total Number of Episodes (standard/non outlier)	219		31	2	252	36.00
37.00	Total Number of Outlier Episodes		1		0	1	37.00
38.00	Total Non-Routine Medical Supply Charges	16,928	3,910	518	94	21,450	38.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 140089 Component CCN: 148522	Period: From 07/01/2014 To 06/30/2015	Worksheet S-8 Date/Time Prepared: 11/23/2015 5:05 pm Cost	
		Rural Health Clinic (RHC) I		1.00	
1.00	Clinic Address and Identification Street		115 W. HAIL ST		1.00
		City	State	ZIP Code	
		1.00	2.00	3.00	
2.00	City, State, ZIP Code, County		BUSHNELL	IL61422	2.00
				1.00	
3.00	FOHCs ONLY: Designation - Enter "R" for rural or "U" for urban				0 3.00
		Grant Award	Date		
		1.00	2.00		
4.00		Source of Federal Funds			
5.00		Community Health Center (Section 330(d), PHS Act)		0	4.00
6.00		Migrant Health Center (Section 329(d), PHS Act)		0	5.00
7.00		Health Services for the Homeless (Section 340(d), PHS Act)		0	6.00
8.00		Appalachian Regional Commission		0	7.00
9.00		Look-Alikes		0	8.00
9.00		OTHER (SPECIFY)		0	9.00
				1.00	2.00
10.00	Does this facility operate as other than an RHC or FOHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)		N		0 10.00
		Sunday		Monday	
		from	to	from	to
		1.00	2.00	3.00	4.00
		Tuesday		from	
				5.00	
11.00	Facility hours of operations (1) Clinic		08:30	17:00	08:30 11.00
				1.00	2.00
12.00	Have you received an approval for an exception to the productivity standard?		N		12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.		N		0 13.00
		Provider name		CCN number	
		1.00		2.00	
14.00	Provider name, CCN number		XVIII	XIX	Total Visits 14.00
		Y/N	V		
		1.00	2.00	3.00	4.00
				5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)				15.00
		County			
		4.00			
2.00	City, State, ZIP Code, County		MCDONOUGH		2.00
		Tuesday		Wednesday	
		to	from	to	from
		6.00	7.00	8.00	9.00
				Thursday	
				to	
				10.00	
11.00	Facility hours of operations (1) Clinic		17:00	08:30	12:00 08:30 17:00 11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 140089 Component CCN: 148522	Period: From 07/01/2014 To 06/30/2015	Worksheet S-8 Date/Time Prepared: 11/23/2015 5:05 pm
		Rural Health Clinic (RHC) I	Cost

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

HOSPITAL IDENTIFICATION DATA

Provider CCN: 140089
Component CCN: 141524

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-9
Parts I & II
Date/Time Prepared:
11/23/2015 5:05 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of col.s. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	
2.00	Routine Home Care	5,947	0	0	0	560	6,507	
3.00	Inpatient Respite Care	5	0	0	0	0	5	
4.00	General Inpatient Care	3	0	0	0	0	3	
5.00	Total Hospice Days	5,955	0	0	0	560	6,515	
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	140	0	0	0	16	156	
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				
8.00	Average Length of Stay (line 5/line 6)	42.54	0.00	0.00	0.00	35.00	41.76	
9.00	Unduplicated Census Count	135	0	0	0	1	136	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-10

Date/Time Prepared:
11/23/2015 5:05 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)			0.349760	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			112,258,662	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00	
6.00	Medicaid charges			118,113,745	6.00	
7.00	Medicaid cost (line 1 times line 6)			41,311,463	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)			0	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			52,870	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			117,899	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	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			1,011,638	9,755,232	10,766,870
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)			353,831	3,411,990	3,765,821
22.00	Partial payment by patients approved for charity care			32,012	171,658	203,670
23.00	Cost of charity care (line 21 minus line 22)			321,819	3,240,332	3,562,151
				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?					24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit					0
26.00	Total bad debt expense for the entire hospital complex (see instructions)					2,672,213
27.00	Medicare bad debts for the entire hospital complex (see instructions)					251,193
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)					2,421,020
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)					846,776
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)					4,408,927
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)					4,408,927

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140089		Period: From 07/01/2014 To 06/30/2015		Worksheet A	
Date/Time Prepared: 11/23/2015 5:05 pm								
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.00
1.01	00101	CAP REL COSTS-HOSPITAL		3,391,518	3,391,518	251,694	3,643,212	1.01
1.02	00102	CAP REL COSTS-HSB I		236,391	236,391	13,161	249,552	1.02
1.03	00103	CAP REL COSTS-HSB II		323,335	323,335	9,029	332,364	1.03
1.04	00104	CAP REL COSTS-REHAB CNT		0	0	45,975	45,975	1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS		42	42	0	42	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE		12,626	12,626	457	13,083	1.06
1.07	00107	CAP REL COSTS-MAB		80,665	80,665	1,216	81,881	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG		53,321	53,321	7,275	60,596	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINIC		0	0	32,654	32,654	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG		74,260	74,260	6,310	80,570	1.10
3.00	00300	OTHER CAPITAL RELATED COSTS		769,201	769,201	-675,240	93,961	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	345,270	10,613,845	10,959,115	15,312	10,974,427	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,170,874	3,886,842	8,057,716	-77,059	7,980,657	5.00
6.00	00600	MAINTENANCE & REPAIRS	573,549	1,155,282	1,728,831	0	1,728,831	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	20,890	130,288	151,178	0	151,178	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	13,400	91,416	104,816	0	104,816	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	7,049	7,049	0	7,049	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	3,019	15,661	18,680	0	18,680	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	2,074	10,616	12,690	0	12,690	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	2,208	22,413	24,621	0	24,621	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	117,423	178,056	295,479	0	295,479	8.00
9.00	00900	HOUSEKEEPING	208,453	527,719	736,172	0	736,172	9.00
9.01	00901	HOUSEKEEPING-HSB	47,534	73,334	120,868	0	120,868	9.01
9.02	00902	HOUSEKEEPING-HSB II	14,906	50,783	65,689	0	65,689	9.02
9.03	00903	HOUSEKEEPING-ORTHO	2,978	6,623	9,601	0	9,601	9.03
9.04	00904	HOUSEKEEPING-MAB	2,057	4,384	6,441	0	6,441	9.04
10.00	01000	DIETARY	122,517	110,497	233,014	471,140	704,154	10.00
11.00	01100	CAFETERIA	159,864	960,788	1,120,652	-471,140	649,512	11.00
13.00	01300	NURSING ADMINISTRATION	519,740	27,550	547,290	0	547,290	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	281,229	148,272	429,501	12,485	441,986	14.00
15.00	01500	PHARMACY	576,905	2,023,060	2,599,965	-206,809	2,393,156	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	702,624	286,930	989,554	-11,411	978,143	16.00
17.00	01700	SOCIAL SERVICE	414,529	27,998	442,527	0	442,527	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	1,099,286	1,099,286	19.00
23.00	02300	PARAMED PRGM	28,576	1,621	30,197	0	30,197	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,610,209	659,236	4,269,445	-694,144	3,575,301	30.00
31.00	03100	INTENSIVE CARE UNIT	709,004	42,251	751,255	0	751,255	31.00
43.00	04300	NURSERY	0	0	0	355,395	355,395	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,165,257	645,862	1,811,119	0	1,811,119	50.00
51.00	05100	RECOVERY ROOM	513,109	225,759	738,868	0	738,868	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	326,264	326,264	52.00
53.00	05300	ANESTHESIOLOGY	1,447,665	195,339	1,643,004	-1,099,286	543,718	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,372,845	721,363	2,094,208	-660,120	1,434,088	54.00
57.00	05700	CT SCAN	0	0	0	660,120	660,120	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	524,528	524,528	58.00
60.00	06000	LABORATORY	2,721,154	1,643,637	4,364,791	231,828	4,596,619	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	275,804	275,804	-231,828	43,976	63.00
65.00	06500	RESPIRATORY THERAPY	703,409	84,275	787,684	-448,383	339,301	65.00
66.00	06600	PHYSICAL THERAPY	1,645,951	56,666	1,702,617	2,175	1,704,792	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	137,638	2,614	140,252	0	140,252	68.00
69.00	06900	ELECTROCARDIOLOGY	0	40,131	40,131	224,253	264,384	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,200	1,200	197,701	198,901	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	430,363	430,363	26,429	456,792	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,123,472	1,123,472	0	1,123,472	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	566,792	13,994	580,786	0	580,786	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	455,509	61,281	516,790	0	516,790	76.01
76.02	03951	FLU CLINIC	0	0	0	19,764	19,764	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	456,507	456,507	88.00
91.00	09100	EMERGENCY	1,477,262	2,163,990	3,641,252	0	3,641,252	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	757,645	98,468	856,113	0	856,113	95.00
101.00	10100	HOME HEALTH AGENCY	1,079,158	142,260	1,221,418	-19,764	1,201,654	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet A
Date/Time Prepared:
11/23/2015 5:05 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	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		16,854		16,854	113.00
116.00	11600	HOSPICE	600,048	456,412	24,082	1,080,542	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	27,293,274	34,403,617	419,856	62,116,747	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	DAY HEALTH	128,771	33,204	0	161,975	194.00
194.01	07962	OUTREACH	157,022	31,264	0	188,286	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	155,041	208,498	-170,158	193,381	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	98,407	580,789	0	679,196	194.05
194.06	07955	HOSPITALITY HOUSE	9,187	15,511	0	24,698	194.06
194.07	07956	HSK DIALYSIS	5,027	6,334	0	11,361	194.07
194.08	07957	LEASED SALARIES	31,636	0	0	31,636	194.08
194.09	07958	VISITING PHYSICIANS	0	265	0	265	194.09
194.10	07959	FARM LAND	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	288,787	74,618	0	363,405	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	6,862,779	849,574	-249,698	7,462,655	194.12
194.13	07961	VALET PARKING SERVICE	18,252	0	0	18,252	194.13
200.00		TOTAL (SUM OF LINES 118-199)	35,048,183	36,203,674	0	71,251,857	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet A
Date/Time Prepared:
11/23/2015 5:05 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	0	0	1.00
1.01	00101	CAP REL COSTS-HOSPITAL	44,746	3,687,958	1.01
1.02	00102	CAP REL COSTS-HSB I	0	249,552	1.02
1.03	00103	CAP REL COSTS-HSB II	0	332,364	1.03
1.04	00104	CAP REL COSTS-REHAB CNT	0	45,975	1.04
1.05	00105	CAP REL COSTS-DIAYSIS	-42	0	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	13,083	1.06
1.07	00107	CAP REL COSTS-MAB	0	81,881	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	60,596	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI	0	32,654	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	80,570	1.10
3.00	00300	OTHER CAPITAL RELATED COSTS	-93,961	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,654,042	7,320,385	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-693,593	7,287,064	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,728,831	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	151,178	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	104,816	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	7,049	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	18,680	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	12,690	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	24,621	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	295,479	8.00
9.00	00900	HOUSEKEEPING	0	736,172	9.00
9.01	00901	HOUSEKEEPING-HSB	0	120,868	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	65,689	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	9,601	9.03
9.04	00904	HOUSEKEEPING-MAB	0	6,441	9.04
10.00	01000	DIETARY	-55,119	649,035	10.00
11.00	01100	CAFETERIA	-265,401	384,111	11.00
13.00	01300	NURSING ADMINISTRATION	0	547,290	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	441,986	14.00
15.00	01500	PHARMACY	0	2,393,156	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-10,620	967,523	16.00
17.00	01700	SOCIAL SERVICE	0	442,527	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-1,099,286	0	19.00
23.00	02300	PARAMED ED PRGM	-110	30,087	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-805,714	2,769,587	30.00
31.00	03100	INTENSIVE CARE UNIT	0	751,255	31.00
43.00	04300	NURSERY	0	355,395	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,811,119	50.00
51.00	05100	RECOVERY ROOM	0	738,868	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	326,264	52.00
53.00	05300	ANESTHESIOLOGY	-396,420	147,298	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-331	1,433,757	54.00
57.00	05700	CT SCAN	0	660,120	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	524,528	58.00
60.00	06000	LABORATORY	-691,712	3,904,907	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	43,976	63.00
65.00	06500	RESPIRATORY THERAPY	0	339,301	65.00
66.00	06600	PHYSICAL THERAPY	-13,724	1,691,068	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	140,252	68.00
69.00	06900	ELECTROCARDIOLOGY	0	264,384	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	198,901	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-2,481	454,311	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,123,472	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	580,786	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	516,790	76.01
76.02	03951	FLU CLINIC	0	19,764	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	456,507	88.00
91.00	09100	EMERGENCY	-332,964	3,308,288	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-9,264	846,849	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,201,654	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-16,854	0	113.00
116.00	11600	HOSPICE	0	1,080,542	116.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet A
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	-8,096,892	54,019,855	118.00
	NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950 DAY HEALTH	0	161,975	194.00
194.01	07962 OUTREACH	0	188,286	194.01
194.02	07951 OCCUPATIONAL MEDICINE	0	0	194.02
194.03	07952 FUND DEVELOPMENT	0	193,381	194.03
194.04	07953 OUTSIDE LAUNDRY	0	0	194.04
194.05	07954 PHYSICIAN SUPPORT	0	679,196	194.05
194.06	07955 HOSPITALITY HOUSE	0	24,698	194.06
194.07	07956 HSK DIALYSIS	0	11,361	194.07
194.08	07957 LEASED SALARIES	0	31,636	194.08
194.09	07958 VISITING PHYSICIANS	0	265	194.09
194.10	07959 FARM LAND	0	0	194.10
194.11	07963 CONVENIENCE CARE CLINIC	0	363,405	194.11
194.12	07960 MMG-PHYSICIAN OFFICES	0	7,462,655	194.12
194.13	07961 VALET PARKING SERVICE	0	18,252	194.13
200.00	TOTAL (SUM OF LINES 118-199)	-8,096,892	63,154,965	200.00

RECLASSIFICATIONS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-6
Date/Time Prepared:
11/23/2015 5:05 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - RECLASS OB SALARY						
1.00	NURSERY	43.00	355,395	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	326,264	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	12,485	0	3.00	
	O		694,144	0		
B - RECLASS FOOD SERVICE						
1.00	DIETARY	10.00	67,209	403,931	1.00	
	O		67,209	403,931		
C - RECLASS CARIO SALARIES						
1.00	ELECTROCARDIOLOGY	69.00	224,253	0	1.00	
2.00	ELECTROENCEPHALOGRAPHY	70.00	197,701	0	2.00	
	O		421,954	0		
D - RECLASS CT EXPENSE						
1.00	CT_SCAN	57.00	481,327	178,793	1.00	
	O		481,327	178,793		
E - RECLASS CRNA SALARIES						
1.00	NONPHYSICIAN ANESTHETISTS	19.00	1,040,308	58,978	1.00	
	O		1,040,308	58,978		
F - RECLASS LEASE EXPENSE						
1.00	CAP REL COSTS-HOSPITAL	1.01	0	16,627	1.00	
2.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	524,528	2.00	
3.00	CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	0	4,310	3.00	
4.00	CAP REL COSTS-HOSPITAL	1.01	0	20,744	4.00	
5.00	CAP REL COSTS-HOSPITAL	1.01	0	27,000	5.00	
6.00	PHYSICAL THERAPY	66.00	0	2,175	6.00	
7.00	CAP REL COSTS-REHAB CNT	1.04	0	45,975	7.00	
8.00	CAP REL COSTS-CONVENIENCE CARE CLINI	1.09	0	28,800	8.00	
9.00	CAP REL COSTS-ORTHO BLDG	1.08	0	5,081	9.00	
	O		0	675,240		
G - RECLASS DONATION EXPENSE						
1.00	HOSPICE	116.00	0	24,082	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	146,076	2.00	
	O		0	170,158		
H - RECLASS COPY MACHINE EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	11,411	1.00	
	O		0	11,411		
I - RECLASS O2 EXPENSE						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	26,429	1.00	
	O		0	26,429		
J - RECLASS NON-BLOOD SUPPLIES						
1.00	LABORATORY	60.00	0	231,828	1.00	
	O		0	231,828		
L - RECLASS BLDG INSURANCE						
1.00	CAP REL COSTS-HOSPITAL	1.01	0	121,489	1.00	
2.00	CAP REL COSTS-HSB I	1.02	0	12,309	2.00	
3.00	CAP REL COSTS-HSB II	1.03	0	9,029	3.00	
4.00	CAP REL COSTS-HOSPITALITY HOUSE	1.06	0	457	4.00	
5.00	CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	0	2,000	5.00	
6.00	CAP REL COSTS-CONVENIENCE CARE CLINI	1.09	0	480	6.00	
7.00	CAP REL COSTS-ORTHO BLDG	1.08	0	2,194	7.00	
8.00	CAP REL COSTS-MAB	1.07	0	1,216	8.00	
	O		0	149,174		
M - RECLASS AUTO & AMBULANCE COLLISION I						
1.00	CAP REL COSTS-HOSPITAL	1.01	0	7,554	1.00	
2.00	CAP REL COSTS-HSB I	1.02	0	852	2.00	
	O		0	8,406		
N - RECLASS FLU SHOT EXPENSE						
1.00	RURAL HEALTH CLINIC	88.00	0	6,114	1.00	
2.00	FLU CLINIC	76.02	727	19,037	2.00	
3.00	MMG-PHYSICIAN OFFICES	194.12	0	18,816	3.00	
	O		727	43,967		
O - RECLASS CCC DEPRECIATION						
1.00	CAP REL COSTS-CONVENIENCE CARE CLINI	1.09	0	3,374	1.00	
	O		0	3,374		

RECLASSIFICATIONS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-6

Date/Time Prepared:
11/23/2015 5:05 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
P - RECLASS PHYSICIAN OFF. PHARMACY EXP						
1.00	RURAL HEALTH CLINIC	88.00	0	9,358	1.00	
2.00	MMG-PHYSICIAN OFFICES	194.12	0	112,810	2.00	
	O		0	122,168		
Q - RECLASS MITEL LEASE OF PHONE SERVICE						
1.00	CAP REL COSTS-HOSPITAL	1.01	0	61,654	1.00	
	O		0	61,654		
S - RECLASS RHC EXPENSES						
1.00	RURAL HEALTH CLINIC	88.00	367,675	60,889	1.00	
	O		367,675	60,889		
T - RECLASS EMPLOYEE VACCINES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	15,312	1.00	
	O		0	15,312		
U - RECLASS PNEUMOCOCCAL VACCINE						
1.00	RURAL HEALTH CLINIC	88.00	0	12,471	1.00	
2.00	MMG-PHYSICIAN OFFICES	194.12	0	47,240	2.00	
	O		0	59,711		
500.00	Grand Total: Increases		3,073,344	2,281,423	500.00	

RECLASSIFICATIONS

Provider CCN: 140089

Period: From 07/01/2014 To 06/30/2015

Worksheet A-6
Date/Time Prepared: 11/23/2015 5:05 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - RECLASS OB SALARY							
1.00	ADULTS & PEDIATRICS	30.00	694,144	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	O		694,144	0			
B - RECLASS FOOD SERVICE							
1.00	CAFETERIA	11.00	67,209	403,931	0		1.00
	O		67,209	403,931			
C - RECLASS CARIO SALARIES							
1.00	RESPIRATORY THERAPY	65.00	421,954	0	0		1.00
2.00		0.00	0	0	0		2.00
	O		421,954	0			
D - RECLASS CT EXPENSE							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	481,327	178,793	0		1.00
	O		481,327	178,793			
E - RECLASS CRNA SALARIES							
1.00	ANESTHESIOLOGY	53.00	1,040,308	58,978	0		1.00
	O		1,040,308	58,978			
F - RECLASS LEASE EXPENSE							
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	675,240	10		1.00
2.00		0.00	0	0	10		2.00
3.00		0.00	0	0	10		3.00
4.00		0.00	0	0	10		4.00
5.00		0.00	0	0	10		5.00
6.00		0.00	0	0	10		6.00
7.00		0.00	0	0	10		7.00
8.00		0.00	0	0	10		8.00
9.00		0.00	0	0	10		9.00
	O		0	675,240			
G - RECLASS DONATION EXPENSE							
1.00	FUND DEVELOPMENT	194.03	0	170,158	0		1.00
2.00		0.00	0	0	0		2.00
	O		0	170,158			
H - RECLASS COPY MACHINE EXPENSE							
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	11,411	0		1.00
	O		0	11,411			
I - RECLASS O2 EXPENSE							
1.00	RESPIRATORY THERAPY	65.00	0	26,429	0		1.00
	O		0	26,429			
J - RECLASS NON-BLOOD SUPPLIES							
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	231,828	0		1.00
	O		0	231,828			
L - RECLASS BLDG INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	149,174	12		1.00
2.00		0.00	0	0	12		2.00
3.00		0.00	0	0	12		3.00
4.00		0.00	0	0	12		4.00
5.00		0.00	0	0	12		5.00
6.00		0.00	0	0	12		6.00
7.00		0.00	0	0	12		7.00
8.00		0.00	0	0	12		8.00
	O		0	149,174			
M - RECLASS AUTO & AMBULANCE COLLISION I							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	8,406	12		1.00
2.00		0.00	0	0	12		2.00
	O		0	8,406			
N - RECLASS FLU SHOT EXPENSE							
1.00	HOME HEALTH AGENCY	101.00	727	19,037	0		1.00
2.00	PHARMACY	15.00	0	24,930	0		2.00
3.00		0.00	0	0	0		3.00
	O		727	43,967			
O - RECLASS CCC DEPRECIATION							
1.00	CAP REL COSTS-HOSPITAL	1.01	0	3,374	9		1.00
	O		0	3,374			
P - RECLASS PHYSICIAN OFF. PHARMACY EXP							
1.00	PHARMACY	15.00	0	122,168	0		1.00
2.00		0.00	0	0	0		2.00
	O		0	122,168			
Q - RECLASS MITEL LEASE OF PHONE SERVICE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	61,654	10		1.00
	O		0	61,654			

RECLASSIFICATIONS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-6

Date/Time Prepared:
11/23/2015 5:05 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
S - RECLASS RHC EXPENSES							
1.00	MMG-PHYSICIAN OFFICES	194.12	367,675	60,889	0		1.00
	O		367,675	60,889			
T - RECLASS EMPLOYEE VACCINES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	15,312	0		1.00
	O		0	15,312			
U - RECLASS PNEUMOCOCCAL VACCINE							
1.00	PHARMACY	15.00	0	59,711	0		1.00
2.00		0.00	0	0	0		2.00
	O		0	59,711			
500.00	Grand Total: Decreases		3,073,344	2,281,423			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-7
Part I
Date/Time Prepared:
11/23/2015 5:05 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	0	0	0	0	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	0	0	0	0	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0			1.00
2.00	Land Improvements	0	0			2.00
3.00	Buildings and Fixtures	0	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	0	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	0	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	0	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-7
Part II
Date/Time Prepared:
11/23/2015 5:05 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
1.01	CAP REL COSTS-HOSPITAL	3,391,518	0	0	0	0	1.01
1.02	CAP REL COSTS-HSB I	236,391	0	0	0	0	1.02
1.03	CAP REL COSTS-HSB II	323,335	0	0	0	0	1.03
1.04	CAP REL COSTS-REHAB CNT	0	0	0	0	0	1.04
1.05	CAP REL COSTS-DIAYSIS	42	0	0	0	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	12,626	0	0	0	0	1.06
1.07	CAP REL COSTS-MAB	80,665	0	0	0	0	1.07
1.08	CAP REL COSTS-ORTHO BLDG	53,321	0	0	0	0	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLINI	0	0	0	0	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	74,260	0	0	0	0	1.10
3.00	Total (sum of lines 1-2)	4,172,158	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	CAP REL COSTS-HOSPITAL	0	3,391,518				1.01
1.02	CAP REL COSTS-HSB I	0	236,391				1.02
1.03	CAP REL COSTS-HSB II	0	323,335				1.03
1.04	CAP REL COSTS-REHAB CNT	0	0				1.04
1.05	CAP REL COSTS-DIAYSIS	0	42				1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	12,626				1.06
1.07	CAP REL COSTS-MAB	0	80,665				1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	53,321				1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLINI	0	0				1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	74,260				1.10
3.00	Total (sum of lines 1-2)	0	4,172,158				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-7
Part III
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
1.01	CAP REL COSTS-HOSPITAL	63,762,665	0	63,762,665	0.778632	1.01
1.02	CAP REL COSTS-HSB I	6,064,949	0	6,064,949	0.074062	1.02
1.03	CAP REL COSTS-HSB II	7,380,115	0	7,380,115	0.090122	1.03
1.04	CAP REL COSTS-REHAB CNT	249,443	0	249,443	0.003046	1.04
1.05	CAP REL COSTS-DIAYSIS	1,518	0	1,518	0.000019	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	276,688	0	276,688	0.003379	1.06
1.07	CAP REL COSTS-MAB	1,106,836	0	1,106,836	0.013516	1.07
1.08	CAP REL COSTS-ORTHO BLDG	777,092	0	777,092	0.009489	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLINI	30,237	0	30,237	0.000369	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	2,241,004	0	2,241,004	0.027366	1.10
3.00	Total (sum of lines 1-2)	81,890,547	0	81,890,547	0.000000	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
	Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
	6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
1.01	CAP REL COSTS-HOSPITAL	0	0	0	3,433,912	1.01
1.02	CAP REL COSTS-HSB I	0	0	0	236,391	1.02
1.03	CAP REL COSTS-HSB II	0	0	0	323,335	1.03
1.04	CAP REL COSTS-REHAB CNT	0	0	0	0	1.04
1.05	CAP REL COSTS-DIAYSIS	0	0	0	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	12,626	1.06
1.07	CAP REL COSTS-MAB	0	0	0	80,665	1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	0	0	53,321	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLINI	0	0	0	3,374	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	74,260	1.10
3.00	Total (sum of lines 1-2)	0	0	0	4,217,884	3.00
Cost Center Description	SUMMARY OF CAPITAL					
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 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	1.00
1.01	CAP REL COSTS-HOSPITAL	0	129,043	0	0	1.01
1.02	CAP REL COSTS-HSB I	0	13,161	0	0	1.02
1.03	CAP REL COSTS-HSB II	0	9,029	0	0	1.03
1.04	CAP REL COSTS-REHAB CNT	0	0	0	0	1.04
1.05	CAP REL COSTS-DIAYSIS	0	0	0	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	457	0	0	1.06
1.07	CAP REL COSTS-MAB	0	1,216	0	0	1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	2,194	0	0	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLINI	0	480	0	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	2,000	0	0	1.10
3.00	Total (sum of lines 1-2)	0	157,580	0	0	3.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				3.00	4.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
1.01	Investment income - CAP REL COSTS-HOSPITAL (chapter 2)			CAP REL COSTS-HOSPITAL	1.01	0 1.01
1.02	Investment income - CAP REL COSTS-HSB I (chapter 2)			CAP REL COSTS-HSB I	1.02	0 1.02
1.03	Investment income - CAP REL COSTS-HSB II (chapter 2)			CAP REL COSTS-HSB II	1.03	0 1.03
1.04	Investment income - CAP REL COSTS-REHAB CNT (chapter 2)			CAP REL COSTS-REHAB CNT	1.04	0 1.04
1.05	Investment income - CAP REL COSTS-DIAYSIS (chapter 2)			CAP REL COSTS-DIAYSIS	1.05	0 1.05
1.06	Investment income - CAP REL COSTS-HOSPITALITY HOUSE (chapter 2)			CAP REL COSTS-HOSPITALITY HOUSE	1.06	0 1.06
1.07	Investment income - CAP REL COSTS-MAB (chapter 2)			CAP REL COSTS-MAB	1.07	0 1.07
1.08	Investment income - CAP REL COSTS-ORTHO BLDG (chapter 2)			CAP REL COSTS-ORTHO BLDG	1.08	0 1.08
1.09	Investment income - CAP REL COSTS-CONVENIENCE CARE CLINI (chapter 2)			CAP REL COSTS-CONVENIENCE CARE CLINI	1.09	0 1.09
1.10	Investment income - CAP REL COSTS-BUSHNELL OFFICE BLDG (chapter 2)			CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	0 1.10
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			*** Cost Center Deleted ***	2.00	0 2.00
3.00	Investment income - other (chapter 2)	A	-16,854	INTEREST EXPENSE	113.00	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)	B	-79,851	ADMINISTRATIVE & GENERAL	5.00	0 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-213	CAP REL COSTS-HOSPITAL	1.01	9 7.00
8.00	Television and radio service (chapter 21)	A	-7,023	CAP REL COSTS-HOSPITAL	1.01	9 8.00
9.00	Parking lot (chapter 21)		0		0.00	0 9.00
10.00	Provider-based physician adjustment	A-8-2	-2,223,788			0 10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-22,162	CAP REL COSTS-HOSPITAL	1.01	9 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	-265,401	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	B	-2,481	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	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	-10,620	MEDICAL RECORDS & LIBRARY	16.00	0 18.00
19.00	Nursing school (tuition, fees, books, etc.)	B	-110	PARAMED ED PRGM	23.00	0 19.00
20.00	Vending machines		0		0.00	0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-187,295	ADMINISTRATIVE & GENERAL	5.00	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		RESPIRATORY THERAPY	65.00	23.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				3.00	4.00		
		1.00	2.00	3.00	4.00	5.00	
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00	25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
26.01	Depreciation - CAP REL COSTS-HOSPITAL			0	CAP REL COSTS-HOSPITAL	1.01	0 26.01
26.02	Depreciation - CAP REL COSTS-HSBI			0	CAP REL COSTS-HSBI	1.02	0 26.02
26.03	Depreciation - CAP REL COSTS-HSBI I			0	CAP REL COSTS-HSBI I	1.03	0 26.03
26.04	Depreciation - CAP REL COSTS-REHAB CNT			0	CAP REL COSTS-REHAB CNT	1.04	0 26.04
26.05	Depreciation - CAP REL COSTS-DIAYSIS	A	-42	0	CAP REL COSTS-DIAYSIS	1.05	9 26.05
26.06	Depreciation - CAP REL COSTS-HOSPITALITY HOUSE			0	CAP REL COSTS-HOSPITALITY HOUSE	1.06	0 26.06
26.07	Depreciation - CAP REL COSTS-MAB			0	CAP REL COSTS-MAB	1.07	0 26.07
26.08	Depreciation - CAP REL COSTS-ORTHO BLDG			0	CAP REL COSTS-ORTHO BLDG	1.08	0 26.08
26.09	Depreciation - CAP REL COSTS-CONVENIENCE CARE CLINI			0	CAP REL COSTS-CONVENIENCE CARE CLINI	1.09	0 26.09
26.10	Depreciation - CAP REL COSTS-BUSHNELL OFFICE BLDG			0	CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	0 26.10
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0	*** Cost Center Deleted ***	2.00	0 27.00
28.00	Non-physician Anesthetist	A	-1,099,286	0	NONPHYSICIAN ANESTHETISTS	19.00	28.00
29.00	Physicians' assistant			0		0.00	0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00	30.00
30.99	Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00	30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0 32.00
33.00	COUNTRY CLUB DUES	A	-1,910	0	ADMINISTRATIVE & GENERAL	5.00	0 33.00
33.01	TELEPHONE LEASE	A	-1,022	0	CAP REL COSTS-HOSPITAL	1.01	10 33.01
33.02			0	0		0.00	0 33.02
33.03			0	0		0.00	0 33.03
33.04	TELEPHONE SERVICE	A	-42	0	CAP REL COSTS-HOSPITAL	1.01	9 33.04
33.05	OTHER ADJUSTMENTS (SPECIFY) (3)		0	0		0.00	0 33.05
33.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0	0		0.00	0 33.06
33.07	OTHER ADJUSTMENTS (SPECIFY) (3)		0	0		0.00	0 33.07
33.08	OTHER ADJUSTMENTS (SPECIFY) (3)		0	0		0.00	0 33.08
33.09	OTHER ADJUSTMENTS (SPECIFY) (3)		0	0		0.00	0 33.09
34.00	DONATION TO IHREF	A	-20,868	0	ADMINISTRATIVE & GENERAL	5.00	0 34.00
34.50	IHHA/AHA DUES	A	-28,099	0	ADMINISTRATIVE & GENERAL	5.00	0 34.50
35.00	CRIMINAL BACKGROUND CHECK	B	-400	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 35.00
35.50	TELEPHONE ANSWERING	B	-1,440	0	ADMINISTRATIVE & GENERAL	5.00	0 35.50
36.00	RECLAIMED SILVER	B	-331	0	RADIOLOGY-DIAGNOSTIC	54.00	0 36.00
36.50	LOSS ON DISPOSAL OF EQUIP	A	75,208	0	CAP REL COSTS-HOSPITAL	1.01	9 36.50
37.00	DAY HEALTH MEALS	B	-17,350	0	DIETARY	10.00	0 37.00
38.00	IDPA PARTICIPANT FEES	A	-2,616	0	ADMINISTRATIVE & GENERAL	5.00	0 38.00
38.50	RADIOLOGY BILLING	B	-114,876	0	ADMINISTRATIVE & GENERAL	5.00	0 38.50
39.00	NUTRITION COUNSELING	B	-37,769	0	DIETARY	10.00	0 39.00
39.50	AMBULANCE OTHER REVENUE	B	-9,264	0	AMBULANCE SERVICES	95.00	0 39.50
40.00	KARE-A-LOT	B	-179	0	ADULTS & PEDIATRICS	30.00	0 40.00
40.50	CONSULTING-PT/OT	B	-13,724	0	PHYSICAL THERAPY	66.00	0 40.50

Provider CCN: 140089 Period: From 07/01/2014 To 06/30/2015 Worksheet A-8
 Date/Time Prepared: 11/23/2015 5:05 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
41.00 TELEPHONE SERVICES-SALARIES	A	-2,366	ADMINISTRATIVE & GENERAL	5.00	0	41.00
41.50 SELF INSUR EMPLOYEE HEALTH INSUR EXP	A	-3,299,328	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41.50
42.00		0		0.00	0	42.00
42.50 HOSPITALIST RN COVERAGE	A	-2,843	ADULTS & PEDIATRICS	30.00	0	42.50
43.00		0		0.00	0	43.00
43.50 CRNA EMPLOYEE BENEFITS	A	-130,179	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	43.50
44.00 PHYSICIAN PART B EMPLOYEE BENEFITS	A	-224,135	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.00
44.01 ADVERTISING	A	-254,247	ADMINISTRATIVE & GENERAL	5.00	0	44.01
44.03 NSF FEE	B	-25	ADMINISTRATIVE & GENERAL	5.00	0	44.03
44.05		0		0.00	0	44.05
44.06 NON-ALLOWABLE PROPERTY TAX	A	-93,961	OTHER CAPITAL RELATED COSTS	3.00	0	44.06
44.07		0		0.00	0	44.07
45.00		0		0.00	0	45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-8,096,892				50.00

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-8-2

Date/Time Prepared:
11/23/2015 5:05 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	60.00	LABORATORY	907,503	607,120	300,383	208,000	2,063	1.00
2.00	53.00	ANESTHESIOLOGY	396,420	396,420	0	0	0	2.00
3.00	91.00	EMERGENCY	332,964	332,964	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	802,692	802,692	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,439,579	2,139,196	300,383		2,063	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	60.00	LABORATORY	206,300	10,315	14,402	4,767	14,271	1.00
2.00	53.00	ANESTHESIOLOGY	0	0	2,400	0	11,495	2.00
3.00	91.00	EMERGENCY	0	0	3,165	0	23,066	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	3,734	0	11,685	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			206,300	10,315	23,701	4,767	60,517	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	60.00	LABORATORY	4,724	215,791	84,592	691,712	1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	396,420	2.00
3.00	91.00	EMERGENCY	0	0	0	332,964	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	802,692	4.00
5.00	0.00		0	0	0	0	5.00
6.00	0.00		0	0	0	0	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			4,724	215,791	84,592	2,223,788	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			
		NEW BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSBI	CAP REL COSTS-HSBI I
	0	1.00	1.01	1.02	1.03
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	0	0			1.00
1.01 00101 CAP REL COSTS-HOSPITAL	3,687,958	0	3,687,958		1.01
1.02 00102 CAP REL COSTS-HSBI	249,552	0	0	249,552	1.02
1.03 00103 CAP REL COSTS-HSBI I	332,364	0	0	0	332,364
1.04 00104 CAP REL COSTS-REHAB CNT	45,975	0	0	0	0
1.05 00105 CAP REL COSTS-DIAGNOSIS	0	0	0	0	0
1.06 00106 CAP REL COSTS-HOSPITALITY HOUSE	13,083	0	0	0	0
1.07 00107 CAP REL COSTS-MAB	81,881	0	0	0	0
1.08 00108 CAP REL COSTS-ORTHO BLDG	60,596	0	0	0	0
1.09 00109 CAP REL COSTS-CONVENIENCE CARE CLINIC	32,654	0	0	0	0
1.10 00110 CAP REL COSTS-BUSHNELL OFFICE BLDG	80,570	0	0	0	0
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	7,320,385	0	26,644	0	0
5.00 00500 ADMINISTRATIVE & GENERAL	7,287,064	0	1,020,572	73,856	128,914
6.00 00600 MAINTENANCE & REPAIRS	1,728,831	0	275,348	0	0
6.01 00601 MAINTENANCE & REPAIRS-HSBI	151,178	0	0	8,715	0
6.02 00602 MAINTENANCE & REPAIRS-HSBI I	104,816	0	0	0	49,660
6.03 00603 MAINTENANCE & REPAIRS-REHAB CLINIC	7,049	0	0	0	0
6.04 00604 MAINTENANCE & REPAIRS-MAB	18,680	0	0	0	0
6.05 00605 MAINTENANCE & REPAIRS-ORTHO BLDG	12,690	0	0	0	0
6.06 00606 MAINTENANCE & REPAIRS-BUSHNELL	24,621	0	0	0	0
8.00 00800 LAUNDRY & LINEN SERVICE	295,479	0	83,629	0	0
9.00 00900 HOUSEKEEPING	736,172	0	44,464	0	0
9.01 00901 HOUSEKEEPING-HSB	120,868	0	0	0	0
9.02 00902 HOUSEKEEPING-HSBI I	65,689	0	0	0	0
9.03 00903 HOUSEKEEPING-ORTHO	9,601	0	0	0	0
9.04 00904 HOUSEKEEPING-MAB	6,441	0	0	0	0
10.00 01000 DIETARY	649,035	0	58,067	0	0
11.00 01100 CAFETERIA	384,111	0	146,584	0	0
13.00 01300 NURSING ADMINISTRATION	547,290	0	1,298	0	0
14.00 01400 CENTRAL SERVICES & SUPPLY	441,986	0	138,474	0	0
15.00 01500 PHARMACY	2,393,156	0	33,672	0	0
16.00 01600 MEDICAL RECORDS & LIBRARY	967,523	0	82,527	0	0
17.00 01700 SOCIAL SERVICE	442,527	0	9,905	0	0
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00 02300 PARAMEDICAL PRGM	30,087	0	5,515	0	0
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	2,769,587	0	586,250	0	0
31.00 03100 INTENSIVE CARE UNIT	751,255	0	93,729	0	0
43.00 04300 NURSERY	355,395	0	20,437	0	0
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	1,811,119	0	176,320	0	0
51.00 05100 RECOVERY ROOM	738,868	0	57,743	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	326,264	0	43,599	0	0
53.00 05300 ANESTHESIOLOGY	147,298	0	6,920	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,433,757	0	216,589	0	0
57.00 05700 CT SCAN	660,120	0	9,840	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	524,528	0	0	0	0
60.00 06000 LABORATORY	3,904,907	0	196,563	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	43,976	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	339,301	0	78,591	0	0
66.00 06600 PHYSICAL THERAPY	1,691,068	0	91,155	0	0
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	140,252	0	3,028	0	0
69.00 06900 ELECTROCARDIOLOGY	264,384	0	3,028	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	198,901	0	4,671	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	454,311	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	1,123,472	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	580,786	0	0	13,462	0
76.01 03950 DIABETES/WOUND CARE/COUMADIN CNTR	516,790	0	17,885	0	0
76.02 03951 FLU CLINIC	19,764	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	456,507	0	0	0	0
91.00 09100 EMERGENCY	3,308,288	0	112,112	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	846,849	0	29,196	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
	0	1.00	1.01	1.02	1.03	
101.00 10100 HOME HEALTH AGENCY	1,201,654	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	1,080,542	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	54,019,855	0	3,674,355	96,033	178,574	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	10,900	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	116,283	0	192.00
194.00 07950 DAY HEALTH	161,975	0	0	13,184	0	194.00
194.01 07962 OUTREACH	188,286	0	0	1,922	0	194.01
194.02 07951 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03 07952 FUND DEVELOPMENT	193,381	0	2,703	0	0	194.03
194.04 07953 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05 07954 PHYSICIAN SUPPORT	679,196	0	0	3,780	0	194.05
194.06 07955 HOSPITALITY HOUSE	24,698	0	0	0	0	194.06
194.07 07956 HSK DIALYSIS	11,361	0	0	0	0	194.07
194.08 07957 LEASED SALARIES	31,636	0	0	0	0	194.08
194.09 07958 VISITING PHYSICIANS	265	0	0	0	0	194.09
194.10 07959 FARM LAND	0	0	0	0	0	194.10
194.11 07963 CONVENIENCE CARE CLINIC	363,405	0	0	0	0	194.11
194.12 07960 MMG-PHYSICIAN OFFICES	7,462,655	0	0	18,350	153,790	194.12
194.13 07961 VALET PARKING SERVICE	18,252	0	0	0	0	194.13
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	63,154,965	0	3,687,958	249,552	332,364	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description		CAPITAL RELATED COSTS					
		CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
		1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT	45,975				1.04
1.05	00105	CAP REL COSTS-DIAYSIS	0	0			1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	0	13,083		1.06
1.07	00107	CAP REL COSTS-MAB	0	0	0	81,881	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	0	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI	0	0	0	0	60,596
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	30,298
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	0	0
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	0
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	0	0	0	0	0
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0
10.00	01000	DIETARY	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	PARAMED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	45,975	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0
76.02	03951	FLU CLINIC	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	18,722	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description		CAPITAL RELATED COSTS					
		CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIALYSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
		1.04	1.05	1.06	1.07	1.08	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	11,374	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	45,975	0	0	30,096	30,298 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	51,785	0 192.00
194.00	07950	DAY HEALTH	0	0	0	0	0 194.00
194.01	07962	OUTREACH	0	0	0	0	0 194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0 194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0 194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0 194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0 194.05
194.06	07955	HOSPITALITY HOUSE	0	0	13,083	0	0 194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0 194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0 194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0 194.09
194.10	07959	FARM LAND	0	0	0	0	0 194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0 194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	0	30,298 194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0 194.13
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	45,975	0	13,083	81,881	60,596 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			CONVENIENCE CARE CLINI	BUSHNELL OFFICE BLDG				
			1.09	1.10				
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI	32,654					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	80,570				1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	7,377,327			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	3,442	971,751	9,485,599	9,485,599	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	133,628	2,137,807	377,838	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	4,867	164,760	29,120	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	3,122	157,598	27,854	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	7,049	1,246	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	703	19,383	3,426	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	483	13,173	2,328	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	514	25,135	4,442	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	27,358	406,466	71,839	8.00
9.00	00900	HOUSEKEEPING	0	0	48,566	829,202	146,554	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	11,075	131,943	23,320	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	3,473	69,162	12,224	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	694	10,295	1,820	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	479	6,920	1,223	9.04
10.00	01000	DIETARY	0	0	44,203	751,305	132,786	10.00
11.00	01100	CAFETERIA	0	0	15,659	546,354	96,563	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	121,092	669,680	118,360	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	68,431	648,891	114,686	14.00
15.00	01500	PHARMACY	0	0	134,410	2,561,238	452,676	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	163,701	1,213,751	214,520	16.00
17.00	01700	SOCIAL SERVICE	0	0	96,579	549,011	97,033	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED PRGM	0	0	6,658	42,260	7,469	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	587,906	3,943,743	697,021	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	165,187	1,010,171	178,539	31.00
43.00	04300	NURSERY	0	0	82,802	458,634	81,059	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	271,487	2,258,926	399,245	50.00
51.00	05100	RECOVERY ROOM	0	0	119,547	916,158	161,923	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	76,015	445,878	78,805	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	154,218	27,257	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	207,710	1,858,056	328,395	54.00
57.00	05700	CT SCAN	0	0	112,142	782,102	138,229	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	524,528	92,706	58.00
60.00	06000	LABORATORY	0	0	422,553	4,524,023	799,580	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	43,976	7,772	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65,575	483,467	85,448	65.00
66.00	06600	PHYSICAL THERAPY	0	1,665	383,482	2,213,345	391,189	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	32,068	175,348	30,991	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	52,248	319,660	56,497	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	46,061	249,633	44,120	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	454,311	80,295	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,123,472	198,564	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	132,054	726,302	128,367	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	106,127	640,802	113,256	76.01
76.02	03951	FLU CLINIC	0	0	169	19,933	3,523	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	75,463	99,645	631,615	111,632	88.00
91.00	09100	EMERGENCY	0	0	266,604	3,687,004	651,645	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	176,520	1,052,565	186,031	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	251,258	1,471,634	260,098	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
	CONVENIENCE CARE CLINIC	BUSHNELL OFFICE BLDG					
	1.09	1.10	4.00				
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	139,802	217,695	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	80,570	5,654,408	7,487,209	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,926	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	29,705	192.00
194.00	07950	DAY HEALTH	0	0	30,002	36,260	194.00
194.01	07962	OUTREACH	0	0	36,584	40,083	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	36,122	41,040	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	22,927	124,762	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	2,140	7,056	194.06
194.07	07956	HSK DIALYSIS	0	0	1,171	2,215	194.07
194.08	07957	LEASED SALARIES	0	0	7,371	6,894	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	47	194.09
194.10	07959	FARM LAND	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	32,654	0	67,283	81,892	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	1,515,067	1,622,533	194.12
194.13	07961	VALET PARKING SERVICE	0	0	4,252	3,977	194.13
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	32,654	80,570	7,377,327	9,485,599	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

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Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
			6.00	6.01	6.02	6.03	6.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	2,515,645					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	193,880				6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	185,452			6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	8,295		6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	22,809	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	88,942	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	47,288	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	61,755	0	0	0	0	10.00
11.00	01100	CAFETERIA	155,895	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,380	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	147,270	0	0	0	0	14.00
15.00	01500	PHARMACY	35,811	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	87,769	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	10,534	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMEDICAL PRGM	5,865	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	623,491	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	99,683	0	0	0	0	31.00
43.00	04300	NURSERY	21,735	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	187,520	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	61,410	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	46,368	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,360	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	230,347	0	0	0	0	54.00
57.00	05700	CT SCAN	10,465	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	209,049	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	83,583	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	96,946	0	0	8,295	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,220	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,220	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,968	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	15,630	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	19,021	0	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	119,233	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	31,050	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	5,215	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	3,168	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

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Part I
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Cost Center Description		MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSBI	MAINTENANCE & REPAIRS-HSBI I	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
		6.00	6.01	6.02	6.03	6.04	
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,501,178	15,630	0	8,295	8,383	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,592	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	135,017	0	0	14,426	192.00
194.00	07950 DAY HEALTH	0	15,307	0	0	0	194.00
194.01	07962 OUTREACH	0	2,231	0	0	0	194.01
194.02	07951 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952 FUND DEVELOPMENT	2,875	0	0	0	0	194.03
194.04	07953 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954 PHYSICIAN SUPPORT	0	4,389	0	0	0	194.05
194.06	07955 HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956 HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957 LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958 VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959 FARM LAND	0	0	0	0	0	194.10
194.11	07963 CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960 MMG-PHYSICIAN OFFICES	0	21,306	185,452	0	0	194.12
194.13	07961 VALET PARKING SERVICE	0	0	0	0	0	194.13
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,515,645	193,880	185,452	8,295	22,809	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

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Cost Center Description			MAINTENANCE & REPAIRS-ORTHO BLDG 6.05	MAINTENANCE & REPAIRS-BUSHNELL 6.06	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING-HSB 9.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	15,501					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	29,577				6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	567,247			8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,023,044		9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	155,263	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	22,870		10.00
11.00	01100	CAFETERIA	0	0	0	61,031		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	6,630		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	31,669		14.00
15.00	01500	PHARMACY	0	0	0	8,109		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	4,809		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	2,147		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	111,646	313,354	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	26,419	47,727	0	31.00
43.00	04300	NURSERY	0	0	3,777	5,370	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	54,648	107,567	0	50.00
51.00	05100	RECOVERY ROOM	0	0	46,602	36,660	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	10,938	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	38,810	49,456	0	54.00
57.00	05700	CT SCAN	0	0	0	11,643	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	4,175	0	0	58.00
60.00	06000	LABORATORY	0	0	2,743	67,403	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	7,306	25,282	0	65.00
66.00	06600	PHYSICAL THERAPY	0	639	19,225	53,628	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	7,009	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	4,984	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	13,714	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	12,517	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	7,689	17,257	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	28,938	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	71,880	109,069	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	9,040	1,130	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	526	0	0	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
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Cost Center Description		MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHNE LL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-H SB	
		6.05	6.06	8.00	9.00	9.01	
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	29,577	404,486	1,019,456	12,517	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	3,588	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	108,124	192.00
194.00	07950 DAY HEALTH	0	0	0	0	12,258	194.00
194.01	07962 OUTREACH	0	0	0	0	1,787	194.01
194.02	07951 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952 FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953 OUTSIDE LAUNDRY	0	0	160,788	0	0	194.04
194.05	07954 PHYSICIAN SUPPORT	0	0	0	0	3,515	194.05
194.06	07955 HOSPITALITY HOUSE	0	0	117	0	0	194.06
194.07	07956 HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957 LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958 VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959 FARM LAND	0	0	0	0	0	194.10
194.11	07963 CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960 MMG-PHYSICIAN OFFICES	15,501	0	1,856	0	17,062	194.12
194.13	07961 VALET PARKING SERVICE	0	0	0	0	0	194.13
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	15,501	29,577	567,247	1,023,044	155,263	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
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To 06/30/2015

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Cost Center Description		HOUSEKEEPING-H	HOUSEKEEPING-O	HOUSEKEEPING-M	DIETARY	CAFETERIA		
		SB 11	RTHO	AB	10.00	11.00		
		9.02	9.03	9.04				
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-HOSPITAL					1.01	
1.02	00102	CAP REL COSTS-HSB I					1.02	
1.03	00103	CAP REL COSTS-HSB II					1.03	
1.04	00104	CAP REL COSTS-REHAB CNT					1.04	
1.05	00105	CAP REL COSTS-DIAYSIS					1.05	
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06	
1.07	00107	CAP REL COSTS-MAB					1.07	
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08	
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI					1.09	
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01	
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02	
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03	
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04	
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05	
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL					6.06	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
9.01	00901	HOUSEKEEPING-HSB					9.01	
9.02	00902	HOUSEKEEPING-HSB II	81,386				9.02	
9.03	00903	HOUSEKEEPING-ORTHO	0	12,115			9.03	
9.04	00904	HOUSEKEEPING-MAB	0	0	8,143		9.04	
10.00	01000	DIETARY	0	0	0	968,716	10.00	
11.00	01100	CAFETERIA	0	0	0	0	859,843	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	14,345	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	18,351	14.00
15.00	01500	PHARMACY	0	0	0	0	14,927	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	39,137	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	8,185	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	1,012	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	624,978	101,019	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	132,382	23,758	31.00
43.00	04300	NURSERY	0	0	0	0	11,782	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	40,903	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	18,028	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	12,385	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	37,543	54.00
57.00	05700	CT SCAN	0	0	0	0	13,419	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	68,516	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	10,403	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	44,435	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	3,726	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	8,293	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	7,302	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	24,490	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	15,896	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	12,407	88.00
91.00	09100	EMERGENCY	0	0	0	0	45,340	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	41,506	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	1,862	0	32,632	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	1,131	0	17,253	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	2,993	757,360	686,993	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	HOUSEKEEPING-H	HOUSEKEEPING-O	HOUSEKEEPING-M	DIETARY	CAFETERIA	
	SB 11	RTHO	AB	10.00	11.00	
	9.02	9.03	9.04			
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	5,150	0	0	192.00
194.00 07950 DAY HEALTH	0	0	0	211,356	6,462	194.00
194.01 07962 OUTREACH	0	0	0	0	7,625	194.01
194.02 07951 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03 07952 FUND DEVELOPMENT	0	0	0	0	6,009	194.03
194.04 07953 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05 07954 PHYSICIAN SUPPORT	0	0	0	0	2,154	194.05
194.06 07955 HOSPITALITY HOUSE	0	0	0	0	625	194.06
194.07 07956 HSK DIALYSIS	0	0	0	0	646	194.07
194.08 07957 LEASED SALARIES	0	0	0	0	905	194.08
194.09 07958 VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10 07959 FARM LAND	0	0	0	0	0	194.10
194.11 07963 CONVENIENCE CARE CLINIC	0	0	0	0	12,988	194.11
194.12 07960 MMG-PHYSICIAN OFFICES	81,386	12,115	0	0	133,777	194.12
194.13 07961 VALET PARKING SERVICE	0	0	0	0	1,659	194.13
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	81,386	12,115	8,143	968,716	859,843	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO						9.03
9.04	00904	HOUSEKEEPING-MAB						9.04
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	810,395					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	960,867				14.00
15.00	01500	PHARMACY	0	9,905	3,082,666			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,559,986		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	666,910	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	421,370	59,256	0	1,385,267	513,520	30.00
31.00	03100	INTENSIVE CARE UNIT	99,098	12,013	0	15,600	113,375	31.00
43.00	04300	NURSERY	49,145	0	0	23,400	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	86,181	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	71,965	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,660	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	16,845	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,971	0	0	0	54.00
57.00	05700	CT SCAN	0	9,780	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2	0	0	0	58.00
60.00	06000	LABORATORY	0	40,648	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	6,698	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,969	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	125	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	852	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	157,296	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	365,231	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,082,666	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	717	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	3,042	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	2,086	0	0	0	88.00
91.00	09100	EMERGENCY	189,122	59,552	0	135,719	40,015	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	611	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	8,334	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	4,307	0	0	0	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	
		ADMINISTRATIVE	SERVICES & SUPPLY		RECORDS & LIBRARY		
		13.00	14.00	15.00	16.00	17.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	810,395	929,386	3,082,666	1,559,986	666,910	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 DAY HEALTH	0	805	0	0	0	194.00
194.01	07962 OUTREACH	0	0	0	0	0	194.01
194.02	07951 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952 FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954 PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955 HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956 HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957 LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958 VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959 FARM LAND	0	0	0	0	0	194.10
194.11	07963 CONVENIENCE CARE CLINIC	0	3,300	0	0	0	194.11
194.12	07960 MMG-PHYSICIAN OFFICES	0	27,376	0	0	0	194.12
194.13	07961 VALET PARKING SERVICE	0	0	0	0	0	194.13
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	810,395	960,867	3,082,666	1,559,986	666,910	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			NONPHYSICIAN ANESTHETISTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			19.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL						6.06
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO						9.03
9.04	00904	HOUSEKEEPING-MAB						9.04
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
23.00	02300	PARAMED PRGM		56,606				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	8,794,665	0	8,794,665	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,758,765	0	1,758,765	31.00
43.00	04300	NURSERY	0	0	654,902	0	654,902	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	3,134,990	0	3,134,990	50.00
51.00	05100	RECOVERY ROOM	0	0	1,312,746	0	1,312,746	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	646,034	0	646,034	52.00
53.00	05300	ANESTHESIOLOGY	0	0	205,680	0	205,680	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	56,606	2,607,184	0	2,607,184	54.00
57.00	05700	CT SCAN	0	0	965,638	0	965,638	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	621,411	0	621,411	58.00
60.00	06000	LABORATORY	0	0	5,711,962	0	5,711,962	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	51,748	0	51,748	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	702,187	0	702,187	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,833,671	0	2,833,671	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	220,419	0	220,419	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	393,506	0	393,506	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	319,737	0	319,737	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	691,902	0	691,902	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	1,687,267	0	1,687,267	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,082,666	0	3,082,666	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	908,023	0	908,023	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	816,963	0	816,963	76.01
76.02	03951	FLU CLINIC	0	0	23,456	0	23,456	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	786,678	0	786,678	88.00
91.00	09100	EMERGENCY	0	0	5,108,579	0	5,108,579	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	1,321,933	0	1,321,933	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	1,779,775	0	1,779,775	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		19.00	23.00	24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	1,475,798	0	1,475,798 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	56,606	48,618,285	0	48,618,285 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	28,006	0	28,006 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	460,490	0	460,490 192.00
194.00	07950	DAY HEALTH	0	0	487,609	0	487,609 194.00
194.01	07962	OUTREACH	0	0	278,518	0	278,518 194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0 194.02
194.03	07952	FUND DEVELOPMENT	0	0	282,130	0	282,130 194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	160,788	0	160,788 194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	840,723	0	840,723 194.05
194.06	07955	HOSPITALITY HOUSE	0	0	47,719	0	47,719 194.06
194.07	07956	HSK DIALYSIS	0	0	15,393	0	15,393 194.07
194.08	07957	LEASED SALARIES	0	0	46,806	0	46,806 194.08
194.09	07958	VISITING PHYSICIANS	0	0	312	0	312 194.09
194.10	07959	FARM LAND	0	0	0	0	0 194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	561,522	0	561,522 194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	11,298,524	0	11,298,524 194.12
194.13	07961	VALET PARKING SERVICE	0	0	28,140	0	28,140 194.13
200.00		Cross Foot Adjustments	0	0	0	0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	0	56,606	63,154,965	0	63,154,965 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part II
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description		CAPITAL RELATED COSTS						
		Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I		CAP REL COSTS-HSB II	
								0
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-HOSPITAL					1.01	
1.02	00102	CAP REL COSTS-HSB I					1.02	
1.03	00103	CAP REL COSTS-HSB II					1.03	
1.04	00104	CAP REL COSTS-REHAB CNT					1.04	
1.05	00105	CAP REL COSTS-DIAYSIS					1.05	
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06	
1.07	00107	CAP REL COSTS-MAB					1.07	
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08	
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI					1.09	
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	26,644	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	1,020,572	73,856	128,914	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	275,348	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	8,715	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	49,660	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	83,629	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	44,464	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	58,067	0	0	10.00
11.00	01100	CAFETERIA	0	0	146,584	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,298	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	138,474	0	0	14.00
15.00	01500	PHARMACY	0	0	33,672	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	82,527	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	9,905	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED PRGM	0	0	5,515	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	586,250	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	93,729	0	0	31.00
43.00	04300	NURSERY	0	0	20,437	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	176,320	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	57,743	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	43,599	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	6,920	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	216,589	0	0	54.00
57.00	05700	CT SCAN	0	0	9,840	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	196,563	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	78,591	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	91,155	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	3,028	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,028	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,671	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	13,462	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	17,885	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	112,112	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	29,196	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part II
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
		1.00	1.01	1.02	1.03	
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	3,674,355	96,033	178,574 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	10,900	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	116,283	0 192.00
194.00 07950	DAY HEALTH	0	0	0	13,184	0 194.00
194.01 07962	OUTREACH	0	0	0	1,922	0 194.01
194.02 07951	OCCUPATIONAL MEDICINE	0	0	0	0	0 194.02
194.03 07952	FUND DEVELOPMENT	0	0	2,703	0	0 194.03
194.04 07953	OUTSIDE LAUNDRY	0	0	0	0	0 194.04
194.05 07954	PHYSICIAN SUPPORT	0	0	0	3,780	0 194.05
194.06 07955	HOSPITALITY HOUSE	0	0	0	0	0 194.06
194.07 07956	HSK DIALYSIS	0	0	0	0	0 194.07
194.08 07957	LEASED SALARIES	0	0	0	0	0 194.08
194.09 07958	VISITING PHYSICIANS	0	0	0	0	0 194.09
194.10 07959	FARM LAND	0	0	0	0	0 194.10
194.11 07963	CONVENIENCE CARE CLINIC	0	0	0	0	0 194.11
194.12 07960	MMG-PHYSICIAN OFFICES	0	0	0	18,350	153,790 194.12
194.13 07961	VALET PARKING SERVICE	0	0	0	0	0 194.13
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers			0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	0	3,687,958	249,552	332,364 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part II
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description		CAPITAL RELATED COSTS					
		CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
		1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	30,298 4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	0	0 5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0 6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	0 6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0 6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0 6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0 6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0 6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0 9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0 9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0 9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0 9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0 9.04
10.00	01000	DIETARY	0	0	0	0	0 10.00
11.00	01100	CAFETERIA	0	0	0	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0 14.00
15.00	01500	PHARMACY	0	0	0	0	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
23.00	02300	PARAMED PRGM	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	45,975	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0 76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0 76.01
76.02	03951	FLU CLINIC	0	0	0	0	0 76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	18,722	0 101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part II
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description		CAPITAL RELATED COSTS					
		CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIALYSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
		1.04	1.05	1.06	1.07	1.08	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	11,374	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	45,975	0	0	30,096	30,298 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	51,785	0 192.00
194.00	07950	DAY HEALTH	0	0	0	0	0 194.00
194.01	07962	OUTREACH	0	0	0	0	0 194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0 194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0 194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0 194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0 194.05
194.06	07955	HOSPITALITY HOUSE	0	0	13,083	0	0 194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0 194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0 194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0 194.09
194.10	07959	FARM LAND	0	0	0	0	0 194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0 194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	0	30,298 194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0 194.13
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	45,975	0	13,083	81,881	60,596 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part II
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description		CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
		CONVENIENCE CARE CLINI	BUSHNELL OFFICE BLDG				
		1.09	1.10				
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	56,942	56,942	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	3,442	1,226,784	7,499	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	275,348	1,031	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	8,715	38	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	49,660	24	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	5	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	4	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	4	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	83,629	211	8.00
9.00	00900	HOUSEKEEPING	0	0	44,464	375	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	85	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	27	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	5	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	4	9.04
10.00	01000	DIETARY	0	0	58,067	341	10.00
11.00	01100	CAFETERIA	0	0	146,584	121	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,298	934	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	138,474	528	14.00
15.00	01500	PHARMACY	0	0	33,672	1,037	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	82,527	1,263	16.00
17.00	01700	SOCIAL SERVICE	0	0	9,905	745	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED PRGM	0	0	5,515	51	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	586,250	4,537	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	93,729	1,275	31.00
43.00	04300	NURSERY	0	0	20,437	639	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	176,320	2,095	50.00
51.00	05100	RECOVERY ROOM	0	0	57,743	923	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	43,599	587	52.00
53.00	05300	ANESTHESIOLOGY	0	0	6,920	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	216,589	1,603	54.00
57.00	05700	CT SCAN	0	0	9,840	865	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	196,563	3,261	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	78,591	506	65.00
66.00	06600	PHYSICAL THERAPY	0	1,665	138,795	2,959	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	3,028	247	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,028	403	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,671	355	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	13,462	1,019	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	17,885	819	76.01
76.02	03951	FLU CLINIC	0	0	0	1	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	75,463	75,463	769	88.00
91.00	09100	EMERGENCY	0	0	112,112	2,057	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	29,196	1,362	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	18,722	1,939	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part II
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
	CONVENIENCE CARE CLINIC	BUSHNELL OFFICE BLDG				
	1.09	1.10				
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	0	11,374	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	80,570	4,135,901	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	10,900	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	168,068	192.00
194.00	07950	DAY HEALTH	0	0	13,184	194.00
194.01	07962	OUTREACH	0	0	1,922	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	2,703	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	3,780	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	13,083	194.06
194.07	07956	HSK DIALYSIS	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	32,654	0	32,654	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	202,438	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	194.13
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)	32,654	80,570	4,584,633	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140089		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 11/23/2015 5:05 pm	
Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
			6.00	6.01	6.02	6.03	6.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	325,544					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	12,542				6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	53,308			6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	162		6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	451	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	11,510	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	6,119	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	7,992	0	0	0	0	10.00
11.00	01100	CAFETERIA	20,174	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	179	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,058	0	0	0	0	14.00
15.00	01500	PHARMACY	4,634	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,358	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,363	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMEDICAL PRGM	759	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	80,683	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	12,900	0	0	0	0	31.00
43.00	04300	NURSERY	2,813	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,267	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	7,947	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	952	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,809	0	0	0	0	54.00
57.00	05700	CT SCAN	1,354	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	27,053	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	10,816	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	12,546	0	0	162	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	417	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	417	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	643	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,011	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	2,461	0	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	15,430	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	4,018	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	103	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	63	116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2014
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Cost Center Description		MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSBI	MAINTENANCE & REPAIRS-HSBI I	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
		6.00	6.01	6.02	6.03	6.04	
118.00	SUBTOTALS (SUM OF LINES 1-117)	323,672	1,011	0	162	166	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,500	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	8,735	0	0	285	192.00
194.00	07950 DAY HEALTH	0	990	0	0	0	194.00
194.01	07962 OUTREACH	0	144	0	0	0	194.01
194.02	07951 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952 FUND DEVELOPMENT	372	0	0	0	0	194.03
194.04	07953 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954 PHYSICIAN SUPPORT	0	284	0	0	0	194.05
194.06	07955 HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956 HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957 LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958 VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959 FARM LAND	0	0	0	0	0	194.10
194.11	07963 CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960 MMG-PHYSICIAN OFFICES	0	1,378	53,308	0	0	194.12
194.13	07961 VALET PARKING SERVICE	0	0	0	0	0	194.13
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	325,544	12,542	53,308	162	451	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140089		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 11/23/2015 5:05 pm	
Cost Center Description			MAINTENANCE & REPAIRS-ORTHO BLDG 6.05	MAINTENANCE & REPAIRS-BUSHNELL 6.06	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING-HSB 9.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	307					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	582				6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	104,698			8.00
9.00	00900	HOUSEKEEPING	0	0	0	70,028		9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	3,119	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	1,565	0	10.00
11.00	01100	CAFETERIA	0	0	0	4,178	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	454	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,168	0	14.00
15.00	01500	PHARMACY	0	0	0	555	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	329	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	147	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	20,607	21,448	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	4,876	3,267	0	31.00
43.00	04300	NURSERY	0	0	697	368	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	10,086	7,363	0	50.00
51.00	05100	RECOVERY ROOM	0	0	8,601	2,509	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	749	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	7,163	3,385	0	54.00
57.00	05700	CT SCAN	0	0	0	797	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	771	0	0	58.00
60.00	06000	LABORATORY	0	0	506	4,614	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,348	1,731	0	65.00
66.00	06600	PHYSICAL THERAPY	0	13	3,548	3,671	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	480	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	341	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	939	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	251	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	1,419	1,181	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	569	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	13,267	7,466	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	1,669	77	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	97	0	0	116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part II
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description		MAINTENANCE & REPAIRS-ORTHO BLDG 6.05	MAINTENANCE & REPAIRS-BUSHNE LL 6.06	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING-H SB 9.01	
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	582	74,655	69,782	251	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	246	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,172	192.00
194.00	07950 DAY HEALTH	0	0	0	0	246	194.00
194.01	07962 OUTREACH	0	0	0	0	36	194.01
194.02	07951 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952 FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953 OUTSIDE LAUNDRY	0	0	29,678	0	0	194.04
194.05	07954 PHYSICIAN SUPPORT	0	0	0	0	71	194.05
194.06	07955 HOSPITALITY HOUSE	0	0	22	0	0	194.06
194.07	07956 HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957 LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958 VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959 FARM LAND	0	0	0	0	0	194.10
194.11	07963 CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960 MMG-PHYSICIAN OFFICES	307	0	343	0	343	194.12
194.13	07961 VALET PARKING SERVICE	0	0	0	0	0	194.13
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	307	582	104,698	70,028	3,119	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/23/2015 5:05 pm		
Cost Center Description		HOUSEKEEPING-H SB 11 9.02	HOUSEKEEPING-O RTHO 9.03	HOUSEKEEPING-M AB 9.04	DIETARY 10.00	CAFETERIA 11.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-HOSPITAL				1.01
1.02	00102	CAP REL COSTS-HSB I				1.02
1.03	00103	CAP REL COSTS-HSB II				1.03
1.04	00104	CAP REL COSTS-REHAB CNT				1.04
1.05	00105	CAP REL COSTS-DIAYSIS				1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE				1.06
1.07	00107	CAP REL COSTS-MAB				1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG				1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI				1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG				1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I				6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II				6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC				6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB				6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG				6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL				6.06
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING-HSB				9.01
9.02	00902	HOUSEKEEPING-HSB II	1,618			9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	242		9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	163	9.04
10.00	01000	DIETARY	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	85,244	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
23.00	02300	PARAMED ED PRGM	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	54,996	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	11,649	31.00
43.00	04300	NURSERY	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	37	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
116.00	11600	HOSPICE	0	0	23	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	60	118.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	HOUSEKEEPING-H	HOUSEKEEPING-O	HOUSEKEEPING-M	DIETARY	CAFETERIA	
	SB 11	RTHO	AB	10.00	11.00	
	9.02	9.03	9.04			
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	103	0	0	192.00
194.00 07950 DAY HEALTH	0	0	0	18,599	1,380	194.00
194.01 07962 OUTREACH	0	0	0	0	1,628	194.01
194.02 07951 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03 07952 FUND DEVELOPMENT	0	0	0	0	1,283	194.03
194.04 07953 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05 07954 PHYSICIAN SUPPORT	0	0	0	0	460	194.05
194.06 07955 HOSPITALITY HOUSE	0	0	0	0	133	194.06
194.07 07956 HSK DIALYSIS	0	0	0	0	138	194.07
194.08 07957 LEASED SALARIES	0	0	0	0	193	194.08
194.09 07958 VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10 07959 FARM LAND	0	0	0	0	0	194.10
194.11 07963 CONVENIENCE CARE CLINIC	0	0	0	0	2,774	194.11
194.12 07960 MMG-PHYSICIAN OFFICES	1,618	242	0	0	28,569	194.12
194.13 07961 VALET PARKING SERVICE	0	0	0	0	354	194.13
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,618	242	163	85,244	183,622	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/23/2015 5:05 pm		
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
			13.00	14.00	15.00	16.00	17.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL					6.06
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-HSB					9.01
9.02	00902	HOUSEKEEPING-HSB II					9.02
9.03	00903	HOUSEKEEPING-ORTHO					9.03
9.04	00904	HOUSEKEEPING-MAB					9.04
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION	21,329				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	179,070			14.00
15.00	01500	PHARMACY	0	1,846	103,835		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	131,749	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,090	11,043	0	116,994	20,431
31.00	03100	INTENSIVE CARE UNIT	2,608	2,239	0	1,317	4,511
43.00	04300	NURSERY	1,293	0	0	1,976	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	16,061	0	0	0
51.00	05100	RECOVERY ROOM	0	13,412	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,360	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	3,139	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,486	0	0	0
57.00	05700	CT SCAN	0	1,823	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
60.00	06000	LABORATORY	0	7,575	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	1,248	0	0	0
66.00	06600	PHYSICAL THERAPY	0	1,112	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	23	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	159	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	29,314	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	68,065	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	103,835	0	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	134	0	0	0
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	567	0	0	0
76.02	03951	FLU CLINIC	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	389	0	0	0
91.00	09100	EMERGENCY	4,978	11,098	0	11,462	1,592
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	114	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	1,553	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	803	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

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Cost Center Description		NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	
		ADMINISTRATIVE	SERVICES & SUPPLY		RECORDS & LIBRARY		
		13.00	14.00	15.00	16.00	17.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	21,329	173,203	103,835	131,749	26,534	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 DAY HEALTH	0	150	0	0	0	194.00
194.01	07962 OUTREACH	0	0	0	0	0	194.01
194.02	07951 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952 FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954 PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955 HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956 HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957 LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958 VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959 FARM LAND	0	0	0	0	0	194.10
194.11	07963 CONVENIENCE CARE CLINIC	0	615	0	0	0	194.11
194.12	07960 MMG-PHYSICIAN OFFICES	0	5,102	0	0	0	194.12
194.13	07961 VALET PARKING SERVICE	0	0	0	0	0	194.13
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	21,329	179,070	103,835	131,749	26,534	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2014
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Cost Center Description		NONPHYSICIAN ANESTHETISTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		19.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL					6.06
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-HSB					9.01
9.02	00902	HOUSEKEEPING-HSB II					9.02
9.03	00903	HOUSEKEEPING-ORTHO					9.03
9.04	00904	HOUSEKEEPING-MAB					9.04
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0				19.00
23.00	02300	PARAMED PRGM		7,513			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		1,040,350	0	1,040,350	30.00
31.00	03100	INTENSIVE CARE UNIT		166,677	0	166,677	31.00
43.00	04300	NURSERY		41,287	0	41,287	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		296,878	0	296,878	50.00
51.00	05100	RECOVERY ROOM		116,055	0	116,055	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		65,194	0	65,194	52.00
53.00	05300	ANESTHESIOLOGY		14,558	0	14,558	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		310,784	0	310,784	54.00
57.00	05700	CT SCAN		35,532	0	35,532	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		12,834	0	12,834	58.00
60.00	06000	LABORATORY		358,247	0	358,247	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		1,011	0	1,011	63.00
65.00	06500	RESPIRATORY THERAPY		107,581	0	107,581	65.00
66.00	06600	PHYSICAL THERAPY		223,198	0	223,198	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		9,024	0	9,024	68.00
69.00	06900	ELECTROCARDIOLOGY		13,471	0	13,471	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		13,908	0	13,908	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		39,762	0	39,762	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		93,903	0	93,903	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		103,835	0	103,835	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		37,810	0	37,810	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR		42,464	0	42,464	76.01
76.02	03951	FLU CLINIC		459	0	459	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC		94,365	0	94,365	88.00
91.00	09100	EMERGENCY		273,938	0	273,938	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES		69,507	0	69,507	95.00
101.00	10100	HOME HEALTH AGENCY		63,168	0	63,168	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

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Cost Center Description		NONPHYSICIAN ANESTHETISTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		19.00	23.00	24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE		45,450	0	45,450	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	3,691,250	0	3,691,250
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		12,897	0	12,897	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		183,228	0	183,228	192.00
194.00	07950	DAY HEALTH		39,499	0	39,499	194.00
194.01	07962	OUTREACH		9,228	0	9,228	194.01
194.02	07951	OCCUPATIONAL MEDICINE		0	0	0	194.02
194.03	07952	FUND DEVELOPMENT		9,977	0	9,977	194.03
194.04	07953	OUTSIDE LAUNDRY		29,678	0	29,678	194.04
194.05	07954	PHYSICIAN SUPPORT		21,006	0	21,006	194.05
194.06	07955	HOSPITALITY HOUSE		14,173	0	14,173	194.06
194.07	07956	HSK DIALYSIS		435	0	435	194.07
194.08	07957	LEASED SALARIES		1,147	0	1,147	194.08
194.09	07958	VISITING PHYSICIANS		6	0	6	194.09
194.10	07959	FARM LAND		0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC		47,218	0	47,218	194.11
194.12	07960	MMG-PHYSICIAN OFFICES		516,473	0	516,473	194.12
194.13	07961	VALET PARKING SERVICE		905	0	905	194.13
200.00		Cross Foot Adjustments	0	7,513	0	7,513	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	7,513	4,584,633	0	4,584,633

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS					
		NEW BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HOSPITAL (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)	CAP REL COSTS-REHAB CNT (PER CENT)	
		1.00	1.01	1.02	1.03	1.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	170,530				1.00
1.01	00101	CAP REL COSTS-HOSPITAL	0	170,530			1.01
1.02	00102	CAP REL COSTS-HSB I	0	0	47,531		1.02
1.03	00103	CAP REL COSTS-HSB II	0	0	0	21,564	1.03
1.04	00104	CAP REL COSTS-REHAB CNT	0	0	0	0	100
1.05	00105	CAP REL COSTS-DIAGNOSIS	0	0	0	0	0
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	0	0
1.07	00107	CAP REL COSTS-MAB	0	0	0	0	0
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	0	0
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINIC	0	0	0	0	0
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,232	1,232	0	0	0
5.00	00500	ADMINISTRATIVE & GENERAL	47,191	47,191	14,067	8,364	0
6.00	00600	MAINTENANCE & REPAIRS	12,732	12,732	0	0	0
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	1,660	0	0
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	3,222	0
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	3,867	3,867	0	0	0
9.00	00900	HOUSEKEEPING	2,056	2,056	0	0	0
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0
10.00	01000	DIETARY	2,685	2,685	0	0	0
11.00	01100	CAFETERIA	6,778	6,778	0	0	0
13.00	01300	NURSING ADMINISTRATION	60	60	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	6,403	6,403	0	0	0
15.00	01500	PHARMACY	1,557	1,557	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	3,816	3,816	0	0	0
17.00	01700	SOCIAL SERVICE	458	458	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	PARAMEDICAL PRGM	255	255	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,108	27,108	0	0	0
31.00	03100	INTENSIVE CARE UNIT	4,334	4,334	0	0	0
43.00	04300	NURSERY	945	945	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,153	8,153	0	0	0
51.00	05100	RECOVERY ROOM	2,670	2,670	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,016	2,016	0	0	0
53.00	05300	ANESTHESIOLOGY	320	320	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,015	10,015	0	0	0
57.00	05700	CT SCAN	455	455	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
60.00	06000	LABORATORY	9,089	9,089	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	3,634	3,634	0	0	0
66.00	06600	PHYSICAL THERAPY	4,215	4,215	0	0	100
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	140	140	0	0	0
69.00	06900	ELECTROCARDIOLOGY	140	140	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	216	216	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2,564	0	0
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	827	827	0	0	0
76.02	03951	FLU CLINIC	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	5,184	5,184	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,350	1,350	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS						
		NEW BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HOSPITAL (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)	CAP REL COSTS-REHAB CNT (PER CENT)		
		1.00	1.01	1.02	1.03	1.04		
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	169,901	169,901	18,291	11,586	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	504	504	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	22,148	0	0	192.00
194.00	07950	DAY HEALTH	0	0	2,511	0	0	194.00
194.01	07962	OUTREACH	0	0	366	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	125	125	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	720	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	3,495	9,978	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	3,687,958	249,552	332,364	45,975	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	21.626447	5.250300	15.412910	459.750000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS					
		CAP REL COSTS-DIAGNOSIS (PER CENT)	CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLINIC (PER CENT)	
		1.05	1.06	1.07	1.08	1.09	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS	100				1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	100			1.06
1.07	00107	CAP REL COSTS-MAB	0	0	7,588		1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	7,296	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINIC	0	0	0	0	100
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	3,648	0
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	0	0
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	0
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	0	0	0	0	0
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0
10.00	01000	DIETARY	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	PARAMED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0
76.02	03951	FLU CLINIC	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS						
		CAP REL COSTS-DI AYSIS (PER CENT)	CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLINIC (PER CENT)		
		1.05	1.06	1.07	1.08	1.09		
101.00	10100	HOME HEALTH AGENCY	0	0	1,735	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	1,054	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	2,789	3,648	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	4,799	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	100	0	0	0	194.06
194.07	07956	HSK DIALYSIS	100	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	100	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	3,648	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	13,083	81,881	60,596	32,654	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	130.830000	10.790854	8.305373	326.540000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BUSHNELL OFFICE BLDG (SQUARE FEET)					
	1.10	4.00	5A	5.00	6.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 CAP REL COSTS-HOSPITAL						1.01
1.02 00102 CAP REL COSTS-HSB I						1.02
1.03 00103 CAP REL COSTS-HSB II						1.03
1.04 00104 CAP REL COSTS-REHAB CNT						1.04
1.05 00105 CAP REL COSTS-DIAGNOSIS						1.05
1.06 00106 CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07 00107 CAP REL COSTS-MAB						1.07
1.08 00108 CAP REL COSTS-ORTHO BLDG						1.08
1.09 00109 CAP REL COSTS-CONVENIENCE CARE CLINIC						1.09
1.10 00110 CAP REL COSTS-BUSHNELL OFFICE BLDG	5,806					1.10
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	31,664,320				4.00
5.00 00500 ADMINISTRATIVE & GENERAL	248	4,170,874	-9,485,599	53,669,366		5.00
6.00 00600 MAINTENANCE & REPAIRS	0	573,549	0	2,137,807	109,375	6.00
6.01 00601 MAINTENANCE & REPAIRS-HSB I	0	20,890	0	164,760	0	6.01
6.02 00602 MAINTENANCE & REPAIRS-HSB II	0	13,400	0	157,598	0	6.02
6.03 00603 MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	7,049	0	6.03
6.04 00604 MAINTENANCE & REPAIRS-MAB	0	3,019	0	19,383	0	6.04
6.05 00605 MAINTENANCE & REPAIRS-ORTHO BLDG	0	2,074	0	13,173	0	6.05
6.06 00606 MAINTENANCE & REPAIRS-BUSHNELL	0	2,208	0	25,135	0	6.06
8.00 00800 LAUNDRY & LINEN SERVICE	0	117,423	0	406,466	3,867	8.00
9.00 00900 HOUSEKEEPING	0	208,453	0	829,202	2,056	9.00
9.01 00901 HOUSEKEEPING-HSB	0	47,534	0	131,943	0	9.01
9.02 00902 HOUSEKEEPING-HSB II	0	14,906	0	69,162	0	9.02
9.03 00903 HOUSEKEEPING-ORTHO	0	2,978	0	10,295	0	9.03
9.04 00904 HOUSEKEEPING-MAB	0	2,057	0	6,920	0	9.04
10.00 01000 DIETARY	0	189,726	0	751,305	2,685	10.00
11.00 01100 CAFETERIA	0	67,209	0	546,354	6,778	11.00
13.00 01300 NURSING ADMINISTRATION	0	519,740	0	669,680	60	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	293,714	0	648,891	6,403	14.00
15.00 01500 PHARMACY	0	576,905	0	2,561,238	1,557	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	702,624	0	1,213,751	3,816	16.00
17.00 01700 SOCIAL SERVICE	0	414,529	0	549,011	458	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00 02300 PARAMEDICAL PRGM	0	28,576	0	42,260	255	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	2,523,364	0	3,943,743	27,108	30.00
31.00 03100 INTENSIVE CARE UNIT	0	709,004	0	1,010,171	4,334	31.00
43.00 04300 NURSERY	0	355,395	0	458,634	945	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	1,165,257	0	2,258,926	8,153	50.00
51.00 05100 RECOVERY ROOM	0	513,109	0	916,158	2,670	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	326,264	0	445,878	2,016	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	154,218	320	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	891,518	0	1,858,056	10,015	54.00
57.00 05700 CT SCAN	0	481,327	0	782,102	455	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	524,528	0	58.00
60.00 06000 LABORATORY	0	1,813,651	0	4,524,023	9,089	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	43,976	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	281,455	0	483,467	3,634	65.00
66.00 06600 PHYSICAL THERAPY	120	1,645,951	0	2,213,345	4,215	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	137,638	0	175,348	140	68.00
69.00 06900 ELECTROCARDIOLOGY	0	224,253	0	319,660	140	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	197,701	0	249,633	216	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	454,311	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,123,472	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	566,792	0	726,302	0	76.00
76.01 03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	455,509	0	640,802	827	76.01
76.02 03951 FLU CLINIC	0	727	0	19,933	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	5,438	427,688	0	631,615	0	88.00
91.00 09100 EMERGENCY	0	1,144,298	0	3,687,004	5,184	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	757,645	0	1,052,565	1,350	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BUSHNELL OFFICE BLDG (SQUARE FEET)						
101.00 10100 HOME HEALTH AGENCY	0	1,078,431	0	5A	1,471,634	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE							113.00
116.00 11600 HOSPICE	0	600,048	0		1,231,718	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	5,806	24,269,413	-9,485,599		42,362,605	108,746	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		10,900	504	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		168,068	0	192.00
194.00 07950 DAY HEALTH	0	128,771	0		205,161	0	194.00
194.01 07962 OUTREACH	0	157,022	0		226,792	0	194.01
194.02 07951 OCCUPATIONAL MEDICINE	0	0	0		0	0	194.02
194.03 07952 FUND DEVELOPMENT	0	155,041	0		232,206	125	194.03
194.04 07953 OUTSIDE LAUNDRY	0	0	0		0	0	194.04
194.05 07954 PHYSICIAN SUPPORT	0	98,407	0		705,903	0	194.05
194.06 07955 HOSPITALITY HOUSE	0	9,187	0		39,921	0	194.06
194.07 07956 HSK DIALYSIS	0	5,027	0		12,532	0	194.07
194.08 07957 LEASED SALARIES	0	31,636	0		39,007	0	194.08
194.09 07958 VISITING PHYSICIANS	0	0	0		265	0	194.09
194.10 07959 FARM LAND	0	0	0		0	0	194.10
194.11 07963 CONVENIENCE CARE CLINIC	0	288,787	0		463,342	0	194.11
194.12 07960 MMG-PHYSICIAN OFFICES	0	6,502,777	0		9,180,160	0	194.12
194.13 07961 VALET PARKING SERVICE	0	18,252	0		22,504	0	194.13
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	80,570	7,377,327			9,485,599	2,515,645	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	13.877024	0.232985			0.176741	23.000183	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)		56,942			1,234,283	325,544	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)		0.001798			0.022998	2.976402	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description		MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	
		6.01	6.02	6.03	6.04	6.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.04	00104						1.04
1.05	00105						1.05
1.06	00106						1.06
1.07	00107						1.07
1.08	00108						1.08
1.09	00109						1.09
1.10	00110						1.10
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
6.01	00601	31,804					6.01
6.02	00602	0	9,978				6.02
6.03	00603	0	0	100			6.03
6.04	00604	0	0	0	7,588		6.04
6.05	00605	0	0	0	0	3,648	6.05
6.06	00606	0	0	0	0	0	6.06
8.00	00800	0	0	0	0	0	8.00
9.00	00900	0	0	0	0	0	9.00
9.01	00901	0	0	0	0	0	9.01
9.02	00902	0	0	0	0	0	9.02
9.03	00903	0	0	0	0	0	9.03
9.04	00904	0	0	0	0	0	9.04
10.00	01000	0	0	0	0	0	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	0	0	0	0	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	0	0	0	30.00
31.00	03100	0	0	0	0	0	31.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	0	0	0	0	54.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
60.00	06000	0	0	0	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	100	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03550	2,564	0	0	0	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.02	03951	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
101.00	10100	0	0	0	1,735	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	
		6.01	6.02	6.03	6.04	6.05	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	1,054	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,564	0	100	2,789	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	22,148	0	0	4,799	0 192.00
194.00	07950	DAY HEALTH	2,511	0	0	0	0 194.00
194.01	07962	OUTREACH	366	0	0	0	0 194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0 194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0 194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0 194.04
194.05	07954	PHYSICIAN SUPPORT	720	0	0	0	0 194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0 194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0 194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0 194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0 194.09
194.10	07959	FARM LAND	0	0	0	0	0 194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0 194.11
194.12	07960	MMG-PHYSICIAN OFFICES	3,495	9,978	0	0	3,648 194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0 194.13
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	193,880	185,452	8,295	22,809	15,501 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.096089	18.586089	82.950000	3.005930	4.249178 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	12,542	53,308	162	451	307 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.394353	5.342554	1.620000	0.059436	0.084156 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS-BUSHNELL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING-HSB (SQUARE FEET)	HOUSEKEEPING-HSB II (SQUARE FEET)	
		6.06	8.00	9.00	9.01	9.02	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.04	00104						1.04
1.05	00105						1.05
1.06	00106						1.06
1.07	00107						1.07
1.08	00108						1.08
1.09	00109						1.09
1.10	00110						1.10
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
6.03	00603						6.03
6.04	00604						6.04
6.05	00605						6.05
6.06	00606	5,558					6.06
8.00	00800	0	270,514				8.00
9.00	00900	0	0	134,872			9.00
9.01	00901	0	0	0	31,804		9.01
9.02	00902	0	0	0	0	9,978	9.02
9.03	00903	0	0	0	0	0	9.03
9.04	00904	0	0	0	0	0	9.04
10.00	01000	0	0	3,015	0	0	10.00
11.00	01100	0	0	8,046	0	0	11.00
13.00	01300	0	0	874	0	0	13.00
14.00	01400	0	0	4,175	0	0	14.00
15.00	01500	0	0	1,069	0	0	15.00
16.00	01600	0	0	634	0	0	16.00
17.00	01700	0	0	283	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	53,243	41,311	0	0	30.00
31.00	03100	0	12,599	6,292	0	0	31.00
43.00	04300	0	1,801	708	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	26,061	14,181	0	0	50.00
51.00	05100	0	22,224	4,833	0	0	51.00
52.00	05200	0	0	1,442	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	18,508	6,520	0	0	54.00
57.00	05700	0	0	1,535	0	0	57.00
58.00	05800	0	1,991	0	0	0	58.00
60.00	06000	0	1,308	8,886	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	3,484	3,333	0	0	65.00
66.00	06600	120	9,168	7,070	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	924	0	0	68.00
69.00	06900	0	0	657	0	0	69.00
70.00	07000	0	0	1,808	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03550	0	0	0	2,564	0	76.00
76.01	03950	0	3,667	2,275	0	0	76.01
76.02	03951	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	5,438	0	0	0	0	88.00
91.00	09100	0	34,279	14,379	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	4,311	149	0	0	95.00
101.00	10100	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS-BUSHNELL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING-H SB (SQUARE FEET)	HOUSEKEEPING-H SB II (SQUARE FEET)	
		6.06	8.00	9.00	9.01	9.02	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	251	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,558	192,895	134,399	2,564	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	473	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	22,148	192.00
194.00	07950	DAY HEALTH	0	0	0	2,511	194.00
194.01	07962	OUTREACH	0	0	0	366	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	76,678	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	720	194.05
194.06	07955	HOSPITALITY HOUSE	0	56	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	885	0	3,495	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	194.13
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	29,577	567,247	1,023,044	155,263	81,386
203.00		Unit cost multiplier (Wkst. B, Part I)	5.321519	2.096923	7.585296	4.881870	8.156544
204.00		Cost to be allocated (per Wkst. B, Part II)	582	104,698	70,028	3,119	1,618
205.00		Unit cost multiplier (Wkst. B, Part II)	0.104714	0.387034	0.519218	0.098069	0.162157

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description		HOUSEKEEPING-OR RTHO (SQUARE FEET)	HOUSEKEEPING-NM AB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		9.03	9.04	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.04	00104						1.04
1.05	00105						1.05
1.06	00106						1.06
1.07	00107						1.07
1.08	00108						1.08
1.09	00109						1.09
1.10	00110						1.10
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
6.03	00603						6.03
6.04	00604						6.04
6.05	00605						6.05
6.06	00606						6.06
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
9.02	00902						9.02
9.03	00903	3,648					9.03
9.04	00904	0	7,588				9.04
10.00	01000	0	0	1,705			10.00
11.00	01100	0	0	0	39,920		11.00
13.00	01300	0	0	0	666	9,020	13.00
14.00	01400	0	0	0	852	0	14.00
15.00	01500	0	0	0	693	0	15.00
16.00	01600	0	0	0	1,817	0	16.00
17.00	01700	0	0	0	380	0	17.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	0	0	0	47	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	1,100	4,690	4,690	30.00
31.00	03100	0	0	233	1,103	1,103	31.00
43.00	04300	0	0	0	547	547	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	1,899	0	50.00
51.00	05100	0	0	0	837	0	51.00
52.00	05200	0	0	0	575	575	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	0	0	1,743	0	54.00
57.00	05700	0	0	0	623	0	57.00
58.00	05800	0	0	0	0	0	58.00
60.00	06000	0	0	0	3,181	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	0	0	483	0	65.00
66.00	06600	0	0	0	2,063	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	173	0	68.00
69.00	06900	0	0	0	385	0	69.00
70.00	07000	0	0	0	339	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03550	0	0	0	1,137	0	76.00
76.01	03950	0	0	0	738	0	76.01
76.02	03951	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	576	0	88.00
91.00	09100	0	0	0	2,105	2,105	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	1,927	0	95.00
101.00	10100	0	1,735	0	1,515	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description		HOUSEKEEPING-OR RTHO (SQUARE FEET)	HOUSEKEEPING-M AB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		9.03	9.04	10.00	11.00	13.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	1,054	0	801	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	2,789	1,333	31,895	9,020 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,799	0	0	0 192.00
194.00	07950	DAY HEALTH	0	0	372	300	0 194.00
194.01	07962	OUTREACH	0	0	0	354	0 194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0 194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	279	0 194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0 194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	100	0 194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	29	0 194.06
194.07	07956	HSK DIALYSIS	0	0	0	30	0 194.07
194.08	07957	LEASED SALARIES	0	0	0	42	0 194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0 194.09
194.10	07959	FARM LAND	0	0	0	0	0 194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	603	0 194.11
194.12	07960	MMG-PHYSICIAN OFFICES	3,648	0	0	6,211	0 194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	77	0 194.13
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	12,115	8,143	968,716	859,843	810,395 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.320998	1.073142	568.161877	21.539153	89.844235 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	242	163	85,244	183,622	21,329 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.066338	0.021481	49.996481	4.599749	2.364634 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI					1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL					6.06
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-HSB					9.01
9.02	00902	HOUSEKEEPING-HSB II					9.02
9.03	00903	HOUSEKEEPING-ORTHO					9.03
9.04	00904	HOUSEKEEPING-MAB					9.04
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,955,449				14.00
15.00	01500	PHARMACY	30,466	100			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,000		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	100	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	182,261	0	888	77	0
31.00	03100	INTENSIVE CARE UNIT	36,951	0	10	17	0
43.00	04300	NURSERY	0	0	15	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	265,078	0	0	0	0
51.00	05100	RECOVERY ROOM	221,352	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	51,813	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,518	0	0	0	0
57.00	05700	CT SCAN	30,083	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6	0	0	0	0
60.00	06000	LABORATORY	125,026	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	20,602	0	0	0	0
66.00	06600	PHYSICAL THERAPY	18,360	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	384	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	2,622	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	483,815	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,123,377	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	0	0	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,204	0	0	0	0
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	9,358	0	0	0	0
76.02	03951	FLU CLINIC	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	6,415	0	0	0	0
91.00	09100	EMERGENCY	183,170	0	87	6	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,878	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	25,633	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	19.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	13,248	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,858,620	100	1,000	100	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00	07950	DAY HEALTH	2,476	0	0	0	0 194.00
194.01	07962	OUTREACH	0	0	0	0	0 194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0 194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0 194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0 194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0 194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0 194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0 194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0 194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0 194.09
194.10	07959	FARM LAND	0	0	0	0	0 194.10
194.11	07963	CONVENIENCE CARE CLINIC	10,149	0	0	0	0 194.11
194.12	07960	MMG-PHYSICIAN OFFICES	84,204	0	0	0	0 194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0 194.13
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	960,867	3,082,666	1,559,986	666,910	0 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.325117	30,826.660000	1,559.986000	6,669.100000	0.000000 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	179,070	103,835	131,749	26,534	0 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.060590	1,038.350000	131.749000	265.340000	0.000000 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 CAP REL COSTS-HOSPITAL		1.01
1.02	00102 CAP REL COSTS-HSB I		1.02
1.03	00103 CAP REL COSTS-HSB II		1.03
1.04	00104 CAP REL COSTS-REHAB CNT		1.04
1.05	00105 CAP REL COSTS-DIAYSIS		1.05
1.06	00106 CAP REL COSTS-HOSPITALITY HOUSE		1.06
1.07	00107 CAP REL COSTS-MAB		1.07
1.08	00108 CAP REL COSTS-ORTHO BLDG		1.08
1.09	00109 CAP REL COSTS-CONVENIENCE CARE CLINI		1.09
1.10	00110 CAP REL COSTS-BUSHNELL OFFICE BLDG		1.10
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
6.01	00601 MAINTENANCE & REPAIRS-HSB I		6.01
6.02	00602 MAINTENANCE & REPAIRS-HSB II		6.02
6.03	00603 MAINTENANCE & REPAIRS-REHAB CLINIC		6.03
6.04	00604 MAINTENANCE & REPAIRS-MAB		6.04
6.05	00605 MAINTENANCE & REPAIRS-ORTHO BLDG		6.05
6.06	00606 MAINTENANCE & REPAIRS-BUSHNELL		6.06
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	00901 HOUSEKEEPING-HSB		9.01
9.02	00902 HOUSEKEEPING-HSB II		9.02
9.03	00903 HOUSEKEEPING-ORTHO		9.03
9.04	00904 HOUSEKEEPING-MAB		9.04
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300 PARAMED PRGM	100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	0	30.00
31.00	03100 INTENSIVE CARE UNIT	0	31.00
43.00	04300 NURSERY	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0	50.00
51.00	05100 RECOVERY ROOM	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	100	54.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
60.00	06000 LABORATORY	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	65.00
66.00	06600 PHYSICAL THERAPY	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	76.01
76.02	03951 FLU CLINIC	0	76.02
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	95.00
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
116.00	11600 HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950 DAY HEALTH	0	194.00
194.01	07962 OUTREACH	0	194.01
194.02	07951 OCCUPATIONAL MEDICINE	0	194.02
194.03	07952 FUND DEVELOPMENT	0	194.03
194.04	07953 OUTSIDE LAUNDRY	0	194.04
194.05	07954 PHYSICIAN SUPPORT	0	194.05
194.06	07955 HOSPITALITY HOUSE	0	194.06
194.07	07956 HSK DIALYSIS	0	194.07
194.08	07957 LEASED SALARIES	0	194.08
194.09	07958 VISITING PHYSICIANS	0	194.09
194.10	07959 FARM LAND	0	194.10
194.11	07963 CONVENIENCE CARE CLINIC	0	194.11
194.12	07960 MMG-PHYSICIAN OFFICES	0	194.12
194.13	07961 VALET PARKING SERVICE	0	194.13
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	56,606	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	566.060000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	7,513	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	75.130000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet C
Part I
Date/Time Prepared:
11/23/2015 5:05 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		8,794,665	0	8,794,665	30.00	
31.00	03100 INTENSIVE CARE UNIT		1,758,765	0	1,758,765	31.00	
43.00	04300 NURSERY		654,902	0	654,902	43.00	
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		3,134,990	0	3,134,990	50.00	
51.00	05100 RECOVERY ROOM		1,312,746	0	1,312,746	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		646,034	0	646,034	52.00	
53.00	05300 ANESTHESIOLOGY		205,680	0	205,680	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		2,607,184	0	2,607,184	54.00	
57.00	05700 CT SCAN		965,638	0	965,638	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		621,411	0	621,411	58.00	
60.00	06000 LABORATORY		5,711,962	84,592	5,796,554	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		51,748	0	51,748	63.00	
65.00	06500 RESPIRATORY THERAPY	0	702,187	0	702,187	65.00	
66.00	06600 PHYSICAL THERAPY	0	2,833,671	0	2,833,671	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0	220,419	0	220,419	68.00	
69.00	06900 ELECTROCARDIOLOGY		393,506	0	393,506	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		319,737	0	319,737	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		691,902	0	691,902	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		1,687,267	0	1,687,267	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		3,082,666	0	3,082,666	73.00	
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		908,023	0	908,023	76.00	
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR		816,963	0	816,963	76.01	
76.02	03951 FLU CLINIC		23,456	0	23,456	76.02	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		786,678	0	786,678	88.00	
91.00	09100 EMERGENCY		5,108,579	0	5,108,579	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,417,897	0	1,417,897	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES		1,321,933	0	1,321,933	95.00	
101.00	10100 HOME HEALTH AGENCY		1,779,775	0	1,779,775	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
116.00	11600 HOSPICE		1,475,798		1,475,798	116.00	
200.00	Subtotal (see instructions)	0	50,036,182	84,592	50,120,774	200.00	
201.00	Less Observation Beds		1,417,897		1,417,897	201.00	
202.00	Total (see instructions)	0	48,618,285	84,592	48,702,877	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet C
Part I
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,714,379		5,714,379		30.00
31.00	03100	INTENSIVE CARE UNIT	1,741,958		1,741,958		31.00
43.00	04300	NURSERY	771,670		771,670		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,659,899	10,375,315	13,035,214	0.240502	50.00
51.00	05100	RECOVERY ROOM	633,392	5,151,438	5,784,830	0.226929	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	351,072	0	351,072	1.840175	52.00
53.00	05300	ANESTHESIOLOGY	433,060	2,339,091	2,772,151	0.074195	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	686,865	7,882,966	8,569,831	0.304228	54.00
57.00	05700	CT SCAN	1,584,655	12,144,591	13,729,246	0.070334	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	164,014	4,600,085	4,764,099	0.130436	58.00
60.00	06000	LABORATORY	4,596,920	23,033,219	27,630,139	0.206729	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	286,542	353,156	639,698	0.080894	63.00
65.00	06500	RESPIRATORY THERAPY	868,465	1,043,829	1,912,294	0.367196	65.00
66.00	06600	PHYSICAL THERAPY	729,763	5,475,805	6,205,568	0.456634	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	41,540	439,127	480,667	0.458569	68.00
69.00	06900	ELECTROCARDIOLOGY	652,777	2,929,732	3,582,509	0.109841	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,846	1,124,533	1,131,379	0.282608	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,720,412	1,868,207	3,588,619	0.192805	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,997,685	1,931,893	3,929,578	0.429376	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,472,921	4,587,710	7,060,631	0.436599	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	160	1,041,273	1,041,433	0.871898	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	3,520	717,511	721,031	1.133048	76.01
76.02	03951	FLU CLINIC	0	6,488	6,488	3.615290	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	887,134	887,134		88.00
91.00	09100	EMERGENCY	1,572,375	12,606,055	14,178,430	0.360306	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	371,105	2,631,933	3,003,038	0.472154	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	3,122,292	3,122,292	0.423385	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,165,349	1,165,349		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	1,483,848	1,483,848		116.00
200.00		Subtotal (see instructions)	30,061,995	108,942,580	139,004,575		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	30,061,995	108,942,580	139,004,575		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/23/2015 5:05 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
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.240502		50.00
51.00	05100 RECOVERY ROOM	0.226929		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.840175		52.00
53.00	05300 ANESTHESIOLOGY	0.074195		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.304228		54.00
57.00	05700 CT SCAN	0.070334		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.130436		58.00
60.00	06000 LABORATORY	0.209791		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.080894		63.00
65.00	06500 RESPIRATORY THERAPY	0.367196		65.00
66.00	06600 PHYSICAL THERAPY	0.456634		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.458569		68.00
69.00	06900 ELECTROCARDIOLOGY	0.109841		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.282608		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.192805		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.429376		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.436599		73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.871898		76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	1.133048		76.01
76.02	03951 FLU CLINIC	3.615290		76.02
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
91.00	09100 EMERGENCY	0.360306		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.472154		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.423385		95.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet C
Part I
Date/Time Prepared:
11/23/2015 5:05 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		8,794,665	0	8,794,665	30.00	
31.00	03100 INTENSIVE CARE UNIT		1,758,765	0	1,758,765	31.00	
43.00	04300 NURSERY		654,902	0	654,902	43.00	
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		3,134,990	0	3,134,990	50.00	
51.00	05100 RECOVERY ROOM		1,312,746	0	1,312,746	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		646,034	0	646,034	52.00	
53.00	05300 ANESTHESIOLOGY		205,680	0	205,680	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		2,607,184	0	2,607,184	54.00	
57.00	05700 CT SCAN		965,638	0	965,638	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		621,411	0	621,411	58.00	
60.00	06000 LABORATORY		5,711,962	84,592	5,796,554	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		51,748	0	51,748	63.00	
65.00	06500 RESPIRATORY THERAPY	0	702,187	0	702,187	65.00	
66.00	06600 PHYSICAL THERAPY	0	2,833,671	0	2,833,671	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0	220,419	0	220,419	68.00	
69.00	06900 ELECTROCARDIOLOGY		393,506	0	393,506	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		319,737	0	319,737	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		691,902	0	691,902	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		1,687,267	0	1,687,267	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		3,082,666	0	3,082,666	73.00	
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		908,023	0	908,023	76.00	
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR		816,963	0	816,963	76.01	
76.02	03951 FLU CLINIC		23,456	0	23,456	76.02	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		786,678	0	786,678	88.00	
91.00	09100 EMERGENCY		5,108,579	0	5,108,579	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,417,897	0	1,417,897	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES		1,321,933	0	1,321,933	95.00	
101.00	10100 HOME HEALTH AGENCY		1,779,775	0	1,779,775	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
116.00	11600 HOSPICE		1,475,798		1,475,798	116.00	
200.00	Subtotal (see instructions)	0	50,036,182	84,592	50,120,774	200.00	
201.00	Less Observation Beds		1,417,897		1,417,897	201.00	
202.00	Total (see instructions)	0	48,618,285	84,592	48,702,877	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet C
Part I
Date/Time Prepared:
11/23/2015 5:05 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,714,379		5,714,379		30.00
31.00	03100	INTENSIVE CARE UNIT	1,741,958		1,741,958		31.00
43.00	04300	NURSERY	771,670		771,670		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,659,899	10,375,315	13,035,214	0.240502	50.00
51.00	05100	RECOVERY ROOM	633,392	5,151,438	5,784,830	0.226929	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	351,072	0	351,072	1.840175	52.00
53.00	05300	ANESTHESIOLOGY	433,060	2,339,091	2,772,151	0.074195	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	686,865	7,882,966	8,569,831	0.304228	54.00
57.00	05700	CT SCAN	1,584,655	12,144,591	13,729,246	0.070334	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	164,014	4,600,085	4,764,099	0.130436	58.00
60.00	06000	LABORATORY	4,596,920	23,033,219	27,630,139	0.206729	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	286,542	353,156	639,698	0.080894	63.00
65.00	06500	RESPIRATORY THERAPY	868,465	1,043,829	1,912,294	0.367196	65.00
66.00	06600	PHYSICAL THERAPY	729,763	5,475,805	6,205,568	0.456634	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	41,540	439,127	480,667	0.458569	68.00
69.00	06900	ELECTROCARDIOLOGY	652,777	2,929,732	3,582,509	0.109841	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,846	1,124,533	1,131,379	0.282608	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,720,412	1,868,207	3,588,619	0.192805	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,997,685	1,931,893	3,929,578	0.429376	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,472,921	4,587,710	7,060,631	0.436599	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	160	1,041,273	1,041,433	0.871898	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	3,520	717,511	721,031	1.133048	76.01
76.02	03951	FLU CLINIC	0	6,488	6,488	3.615290	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	887,134	887,134	0.886763	88.00
91.00	09100	EMERGENCY	1,572,375	12,606,055	14,178,430	0.360306	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	371,105	2,631,933	3,003,038	0.472154	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	3,122,292	3,122,292	0.423385	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,165,349	1,165,349		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	1,483,848	1,483,848		116.00
200.00		Subtotal (see instructions)	30,061,995	108,942,580	139,004,575		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	30,061,995	108,942,580	139,004,575		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/23/2015 5:05 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
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0.000000		76.01
76.02	03951 FLU CLINIC	0.000000		76.02
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140089		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part I Date/Time Prepared: 11/23/2015 5:05 pm	
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)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,040,350	0	1,040,350	5,694	182.71	30.00
31.00	INTENSIVE CARE UNIT	166,677		166,677	691	241.21	31.00
43.00	NURSERY	41,287		41,287	596	69.27	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30-199)	1,248,314		1,248,314	6,981		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	2,355	430,282				
31.00	INTENSIVE CARE UNIT	446	107,580				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	2,801	537,862				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet D
Part II
Date/Time Prepared:
11/23/2015 5:05 pm

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	
Title XVIII Hospital PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	296,878	13,035,214	0.022775	1,176,537	26,796	50.00
51.00	05100	RECOVERY ROOM	116,055	5,784,830	0.020062	265,338	5,323	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	65,194	351,072	0.185700	0	0	52.00
53.00	05300	ANESTHESIOLOGY	14,558	2,772,151	0.005252	179,168	941	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	310,784	8,569,831	0.036265	511,870	18,563	54.00
57.00	05700	CT SCAN	35,532	13,729,246	0.002588	1,051,242	2,721	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,834	4,764,099	0.002694	93,874	253	58.00
60.00	06000	LABORATORY	358,247	27,630,139	0.012966	2,760,545	35,793	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,011	639,698	0.001580	181,898	287	63.00
65.00	06500	RESPIRATORY THERAPY	107,581	1,912,294	0.056258	595,664	33,511	65.00
66.00	06600	PHYSICAL THERAPY	223,198	6,205,568	0.035967	446,693	16,066	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	9,024	480,667	0.018774	33,023	620	68.00
69.00	06900	ELECTROCARDIOLOGY	13,471	3,582,509	0.003760	442,749	1,665	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,908	1,131,379	0.012293	3,423	42	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	39,762	3,588,619	0.011080	1,014,838	11,244	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	93,903	3,929,578	0.023896	1,044,121	24,950	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	103,835	7,060,631	0.014706	1,263,100	18,575	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	37,810	1,041,433	0.036306	160	6	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	42,464	721,031	0.058893	1,887	111	76.01
76.02	03951	FLU CLINIC	459	6,488	0.070746	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	94,365	887,134	0.106371	0	0	88.00
91.00	09100	EMERGENCY	273,938	14,178,430	0.019321	956,187	18,474	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	167,727	3,003,038	0.055852	158,005	8,825	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	2,432,538	125,005,079		12,180,322	224,766	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140089		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part III Date/Time Prepared: 11/23/2015 5:05 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,694	0.00	2,355	0		30.00
31.00	03100	INTENSIVE CARE UNIT	691	0.00	446	0		31.00
43.00	04300	NURSERY	596	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
200.00		Total (lines 30-199)	6,981		2,801	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	56,606	0	56,606
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	56,606	0	95.00
200.00		Total (lines 50-199)	0	0	56,606	0	56,606

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/23/2015 5:05 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	13,035,214	0.000000	0.000000	1,176,537	50.00
51.00	05100 RECOVERY ROOM	0	5,784,830	0.000000	0.000000	265,338	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	351,072	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,772,151	0.000000	0.000000	179,168	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	56,606	8,569,831	0.006605	0.006605	511,870	54.00
57.00	05700 CT SCAN	0	13,729,246	0.000000	0.000000	1,051,242	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,764,099	0.000000	0.000000	93,874	58.00
60.00	06000 LABORATORY	0	27,630,139	0.000000	0.000000	2,760,545	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	639,698	0.000000	0.000000	181,898	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,912,294	0.000000	0.000000	595,664	65.00
66.00	06600 PHYSICAL THERAPY	0	6,205,568	0.000000	0.000000	446,693	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	480,667	0.000000	0.000000	33,023	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,582,509	0.000000	0.000000	442,749	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,131,379	0.000000	0.000000	3,423	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,588,619	0.000000	0.000000	1,014,838	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	3,929,578	0.000000	0.000000	1,044,121	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	7,060,631	0.000000	0.000000	1,263,100	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,041,433	0.000000	0.000000	160	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	721,031	0.000000	0.000000	1,887	76.01
76.02	03951 FLU CLINIC	0	6,488	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	887,134	0.000000	0.000000	0	88.00
91.00	09100 EMERGENCY	0	14,178,430	0.000000	0.000000	956,187	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,003,038	0.000000	0.000000	158,005	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	56,606	125,005,079			12,180,322	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	2,569,275	0	50.00
51.00	05100 RECOVERY ROOM	0	1,162,077	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	586,454	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,381	1,801,401	11,898	54.00
57.00	05700 CT SCAN	0	3,747,907	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,113,419	0	58.00
60.00	06000 LABORATORY	0	3,570,740	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	173,021	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	416,725	0	65.00
66.00	06600 PHYSICAL THERAPY	0	266,415	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,014,573	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	303,978	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	659,502	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	336,994	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,743,340	0	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	153,259	0	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	308,565	0	76.01
76.02	03951 FLU CLINIC	0	3,126	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
91.00	09100 EMERGENCY	0	2,721,618	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	809,503	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	3,381	23,461,892	11,898	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/23/2015 5:05 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.240502	2,569,275	0	0	617,916	50.00
51.00	05100 RECOVERY ROOM	0.226929	1,162,077	0	0	263,709	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.840175	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.074195	586,454	0	0	43,512	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.304228	1,801,401	0	0	548,037	54.00
57.00	05700 CT SCAN	0.070334	3,747,907	0	0	263,605	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.130436	1,113,419	0	0	145,230	58.00
60.00	06000 LABORATORY	0.206729	3,570,740	0	3,140	738,176	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.080894	173,021	0	0	13,996	63.00
65.00	06500 RESPIRATORY THERAPY	0.367196	416,725	0	0	153,020	65.00
66.00	06600 PHYSICAL THERAPY	0.456634	266,415	0	0	121,654	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.458569	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.109841	1,014,573	0	0	111,442	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.282608	303,978	0	0	85,907	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.192805	659,502	0	0	127,155	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.429376	336,994	0	0	144,697	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.436599	1,743,340	0	0	761,141	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.871898	153,259	0	0	133,626	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	1.133048	308,565	0	0	349,619	76.01
76.02	03951 FLU CLINIC	3.615290	3,126	0	0	11,301	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
91.00	09100 EMERGENCY	0.360306	2,721,618	0	0	980,615	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.472154	809,503	0	0	382,210	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.423385	0	0	0	0	95.00
200.00	Subtotal (see instructions)		23,461,892	0	3,140	5,996,568	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		23,461,892	0	3,140	5,996,568	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet D
Part V
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Title XVIII

Hospital

PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00	06000 LABORATORY	0	649	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	0	76.01
76.02	03951 FLU CLINIC	0	0	76.02
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0		95.00
200.00	Subtotal (see instructions)	0	649	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	649	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/23/2015 5:05 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)		5,759	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,694	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,776	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)		65	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,355	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		8,794,665	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		8,794,665	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		8,794,665	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,544.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,637,415	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)		3,637,415	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140089		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 11/23/2015 5:05 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	1,758,765	691	2,545.25	446	1,135,182		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,296,522		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					8,069,119		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)					537,862		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					228,147		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					766,009		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					7,303,110		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/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					918		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,544.55		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,417,897		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140089		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/23/2015 5:05 pm	
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	1,040,350	8,794,665	0.118293	1,417,897	167,727	90.00
91.00	Nursing School cost	0	8,794,665	0.000000	1,417,897	0	91.00
92.00	Allied health cost	0	8,794,665	0.000000	1,417,897	0	92.00
93.00	All other Medical Education	0	8,794,665	0.000000	1,417,897	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/23/2015 5:05 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,759	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,694	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,776	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)		65	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)		655	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)		596	15.00
16.00	Nursery days (title V or XIX only)		310	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		8,794,665	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		8,794,665	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		8,794,665	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,544.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,011,680	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,011,680	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140089		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 11/23/2015 5:05 pm	
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)	654,902	596	1,098.83	310	340,637	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	1,758,765	691	2,545.25	74	188,349	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,225,453	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,766,119	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0 53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0 54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)						0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0 57.00
58.00	Bonus payment (see instructions)						0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0 61.00
62.00	Relief payment (see instructions)						0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						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/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					918	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,544.55	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,417,897	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet D-1

Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Title XIX Hospital Cost		
				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	1,040,350	8,794,665	0.118293	1,417,897	167,727	90.00
91.00 Nursing School cost	0	8,794,665	0.000000	1,417,897	0	91.00
92.00 Allied health cost	0	8,794,665	0.000000	1,417,897	0	92.00
93.00 All other Medical Education	0	8,794,665	0.000000	1,417,897	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 11/23/2015 5:05 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		2,811,349		30.00
31.00	03100 INTENSIVE CARE UNIT		1,108,589		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.240502	1,176,537	282,960	50.00
51.00	05100 RECOVERY ROOM	0.226929	265,338	60,213	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.840175	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.074195	179,168	13,293	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.304228	511,870	155,725	54.00
57.00	05700 CT SCAN	0.070334	1,051,242	73,938	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.130436	93,874	12,245	58.00
60.00	06000 LABORATORY	0.209791	2,760,545	579,137	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.080894	181,898	14,714	63.00
65.00	06500 RESPIRATORY THERAPY	0.367196	595,664	218,725	65.00
66.00	06600 PHYSICAL THERAPY	0.456634	446,693	203,975	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.458569	33,023	15,143	68.00
69.00	06900 ELECTROCARDIOLOGY	0.109841	442,749	48,632	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.282608	3,423	967	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.192805	1,014,838	195,666	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.429376	1,044,121	448,320	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.436599	1,263,100	551,468	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.871898	160	140	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	1.133048	1,887	2,138	76.01
76.02	03951 FLU CLINIC	3.615290	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
91.00	09100 EMERGENCY	0.360306	956,187	344,520	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.472154	158,005	74,603	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		12,180,322	3,296,522	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		12,180,322		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 11/23/2015 5:05 pm	
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		736,757		30.00
31.00	03100 INTENSIVE CARE UNIT		183,150		31.00
43.00	04300 NURSERY		266,566		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.240502	410,672	98,767	50.00
51.00	05100 RECOVERY ROOM	0.226929	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.840175	311,220	572,699	52.00
53.00	05300 ANESTHESIOLOGY	0.074195	65,780	4,881	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.304228	68,328	20,787	54.00
57.00	05700 CT SCAN	0.070334	172,375	12,124	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.130436	7,920	1,033	58.00
60.00	06000 LABORATORY	0.206729	611,278	126,369	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.080894	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.367196	90,832	33,353	65.00
66.00	06600 PHYSICAL THERAPY	0.456634	34,962	15,965	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.458569	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.109841	24,602	2,702	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.282608	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.192805	240,185	46,309	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.429376	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.436599	448,879	195,980	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.871898	0	0	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	1.133048	0	0	76.01
76.02	03951 FLU CLINIC	3.615290	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.886763	0	0	88.00
91.00	09100 EMERGENCY	0.360306	151,781	54,688	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.472154	84,286	39,796	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		2,723,100	1,225,453	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		2,723,100		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/23/2015 5:05 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
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 (see instructions)		987,390		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		3,127,042		1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0		1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0		1.04
2.00	Outlier payments for discharges. (see instructions)		147,536		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		851,428		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		37.81		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), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0		22.01
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
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0		28.01
29.00	Total IME payment (sum of lines 22 and 28)		0		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/23/2015 5:05 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	2.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	1.01	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.36		30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.69		31.00
32.00	Sum of lines 30 and 31		24.05		32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.06		33.00
34.00	Disproportionate share adjustment (see instructions)		93,193		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)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000029976	0.000035193	35.01
35.02	Hospital uncompensated care payment (if line 34 is zero, enter zero on this line) (see instructions)		271,170	269,144	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		68,350	201,305	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		269,655		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
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 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
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 and 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 41.01)		0		46.00
47.00	Subtotal (see instructions)		4,624,816		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		5,327,093		48.00
49.00	Total payment for inpatient operating costs (see instructions)		5,327,093		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		344,874		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. 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 (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		3,381		58.00
59.00	Total (sum of amounts on lines 49 through 58)		5,675,348		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		5,675,348		61.00
62.00	Deductibles billed to program beneficiaries		628,508		62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/23/2015 5:05 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
63.00	Coinsurance billed to program beneficiaries		1,890		63.00
64.00	Allowable bad debts (see instructions)		161,116		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		104,725		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		161,116		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		5,149,675		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (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
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		0		70.93
70.94	HRR adjustment amount (see instructions)		0		70.94
70.95	Recovery of accelerated depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	2014	126,110		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)	2015	475,173		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		5,750,958		71.00
71.01	Sequestration adjustment (see instructions)		115,019		71.01
72.00	Interim payments		5,769,232		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)		-133,293		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/23/2015 5:05 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1		On/After 10/1
		1.00	1.01	2.00
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0		0
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0		0
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0		0
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000		0.0000
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0		0

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/23/2015 5:05 pm

		Title XVIII		Hospital		PPS		
		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	1.01	987,390	0	987,390	0	987,390	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,127,042	0	0	3,127,042	3,127,042	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	147,536	0	32,690	114,846	147,536	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	851,428	0	213,483	637,945	851,428	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
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (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
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0906	0.0906	0.0906	0.0906		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	93,193	0	22,365	70,828	93,193	11.00
11.01	Uncompensated care payments	36.00	269,655	0	68,350	201,305	269,655	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	4,624,816	0	1,110,795	3,514,021	4,624,816	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	5,327,093	0	1,263,268	4,063,825	5,327,093	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	5,327,093	0	1,263,268	4,063,825	5,327,093	15.00
16.00	Payment for inpatient program capital	50.00	344,874	0	81,905	262,969	344,874	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/23/2015 5:05 pm

		Title XVIII			Hospital		PPS	
		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	
19.00	SUBTOTAL			0	1,345,173	4,326,794	5,671,967	19.00
		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	323,899	0	77,750	246,149	323,899	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	20,975	0	4,155	16,820	20,975	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 (see instructions)	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 (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	344,874	0	81,905	262,969	344,874	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				0.093750	0.109821		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			126,110		126,110	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				475,173	475,173	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/23/2015 5:05 pm

		Title XVIII			Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00					1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	987,390	987,390		987,390	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,127,042		3,127,042	3,127,042	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00	147,536	32,690	114,846	147,536	2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	851,428	213,483	637,945	851,428	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		5.00	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0906	0.0906	0.0906		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	93,193	22,365	70,828	93,193	11.00	
11.01	Uncompensated care payments	36.00	269,655	68,350	201,305	269,655	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	12.00	
13.00	Subtotal (see instructions)	47.00	4,624,816	1,110,795	3,514,021	4,624,816	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	5,327,093	1,263,268	4,063,825	5,327,093	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	5,327,093	1,263,268	4,063,825	5,327,093	15.00	
16.00	Payment for inpatient program capital	50.00	344,874	86,927	257,947	344,874	16.00	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00	
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	
19.00	SUBTOTAL			1,350,195	4,321,772	5,671,967	19.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/23/2015 5:05 pm

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	323,899	81,640	242,259	323,899	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	20,975	5,287	15,688	20,975	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	344,874	86,927	257,947	344,874	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	126,110	126,110		126,110	28.00	
29.00	Low volume adjustment on or after October 1	70.97	475,173		475,173	475,173	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	0	0	0	0	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	0	0	0	0	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/23/2015 5:05 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		649	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,984,670	2.00
3.00	PPS payments		4,787,318	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.822	5.00
6.00	Line 2 times line 5		4,919,399	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		97.32	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		11,898	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		649	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		3,140	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		3,140	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		3,140	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,491	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)		649	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		4,799,216	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)		1,079,580	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		3,720,285	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		3,720,285	30.00
31.00	Primary payer payments		5,419	31.00
32.00	Subtotal (line 30 minus line 31)		3,714,866	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		225,336	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		146,468	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		225,336	36.00
37.00	Subtotal (see instructions)		3,861,334	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		3,861,334	40.00
40.01	Sequestration adjustment (see instructions)		77,227	40.01
41.00	Interim payments		3,598,501	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		185,606	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet E-1
Part I
Date/Time Prepared:
11/23/2015 5:05 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		5,805,831		3,628,271	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	02/10/2015	2,601	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	02/10/2015	28,095		0	3.50
3.51		06/23/2015	8,504	06/23/2015	32,371	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)		-36,599		-29,770	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		5,769,232		3,598,501	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		185,606	6.01
6.02	SETTLEMENT TO PROGRAM		133,293		0	6.02
7.00	Total Medicare program liability (see instructions)		5,635,939		3,784,107	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140089
Component CCN: 14U089

Period:
From 07/01/2014
To 06/30/2015

Worksheet E-1
Part I
Date/Time Prepared:
11/23/2015 5:05 pm

Title XVIII Swing Beds - SNF 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		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	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)		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	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet E-1
Part II
Date/Time Prepared:
11/23/2015 5:05 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	1,610	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	2,801	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	574	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	5,467	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	139,004,575	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	10,766,870	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	1,050,075	8.00
9.00	Sequestration adjustment amount (see instructions)	21,002	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,029,073	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	967,165	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)	61,908	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet E-2
		Component CCN: 14U089		Date/Time Prepared: 11/23/2015 5:05 pm
		Title XVIII	Swing Beds - SNF	PPS
			Part A	Part B
			1.00	2.00
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)		0	0 1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH, see instructions)			3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)			0.00 4.00
5.00	Program days		0	0 5.00
6.00	Interns and residents not in approved teaching program (see instructions)			0 6.00
7.00	Utilization review - physician compensation - SNF optional method only		0	0 7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		0	0 8.00
9.00	Primary payer payments (see instructions)		0	0 9.00
10.00	Subtotal (line 8 minus line 9)		0	0 10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	0 11.00
12.00	Subtotal (line 10 minus line 11)		0	0 12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinurance for physician professional services)		0	0 13.00
14.00	80% of Part B costs (line 12 x 80%)			0 14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)		0	0 15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0 16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0 16.50
16.55	410A RURAL DEMONSTRATION PROJECT		0	0 16.55
17.00	Allowable bad debts (see instructions)		0	0 17.00
17.01	Adjusted reimbursable bad debts (see instructions)		0	0 17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	0 18.00
19.00	Total (see instructions)		0	0 19.00
19.01	Sequestration adjustment (see instructions)		0	0 19.01
20.00	Interim payments		0	0 20.00
21.00	Tentative settlement (for contractor use only)		0	0 21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)		0	0 22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0 23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part VII Date/Time Prepared: 11/23/2015 5:05 pm	
		Title XIX	Hospital	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	2,766,119			1.00
2.00	Medical and other services		0		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	2,766,119	0		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	2,766,119	0		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	2,723,100	0		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	2,723,100	0		12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0		13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	2,723,100	0		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	43,019	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	2,723,100	0		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	2,723,100	0		29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	43,019	0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	2,723,100	0		31.00
32.00	Deductibles	0	0		32.00
33.00	Coinurance	0	0		33.00
34.00	Allowable bad debts (see instructions)	0	0		34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	2,723,100	0		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	2,723,100	0		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	2,723,100	0		40.00
41.00	Interim payments	0	0		41.00
42.00	Balance due provider/program (line 40 minus line 41)	2,723,100	0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0		43.00

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

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet G

Date/Time Prepared:
11/23/2015 5:05 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	2,383,670	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	30,927,550	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-18,653,983	0	0	0	6.00
7.00	Inventory	1,904,685	0	0	0	7.00
8.00	Prepaid expenses	1,803,733	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	18,365,655	0	0	0	11.00
FIXED ASSETS						
12.00	Land	111,602	0	0	0	12.00
13.00	Land improvements	2,798,736	0	0	0	13.00
14.00	Accumulated depreciation	-1,500,943	0	0	0	14.00
15.00	Buildings	23,772,043	0	0	0	15.00
16.00	Accumulated depreciation	-16,330,968	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	55,618,959	0	0	0	23.00
24.00	Accumulated depreciation	-40,524,856	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	24,796,159	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	48,740,732	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	43,547,024	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	3,104,608	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	46,651,632	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	113,758,019	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	16,578,357	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	160,933	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	16,739,290	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	16,730,638	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	16,730,638	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	33,469,928	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	80,288,091				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)	80,288,091	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	113,758,019	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet G-1

Date/Time Prepared:
11/23/2015 5:05 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		76,113,753		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		4,430,280			2.00
3.00	Total (sum of line 1 and line 2)		80,544,033		0	3.00
4.00	CAPITAL GRANTS & GIFTS	22,643		0		4.00
5.00	ROUNDING	0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		22,643		0	10.00
11.00	Subtotal (line 3 plus line 10)		80,566,676		0	11.00
12.00	TRANSFERS TO MDH FOUNDATION	278,585		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		278,585		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		80,288,091		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	CAPITAL GRANTS & GIFTS		0			4.00
5.00	ROUNDING		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	TRANSFERS TO MDH FOUNDATION		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	6,082,228		6,082,228	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	61,880		61,880	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	6,144,108		6,144,108	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	1,745,214		1,745,214	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	1,745,214		1,745,214	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	7,889,322		7,889,322	17.00
18.00	Ancillary services	24,075,076	117,712,952	141,788,028	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	887,134	887,134	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	1,165,349	1,165,349	22.00
23.00	AMBULANCE SERVICES	0	3,122,292	3,122,292	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	1,483,848	1,483,848	26.00
27.00	MCDONOUGH MEDICAL GROUP	0	11,432,145	11,432,145	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	31,964,398	135,803,720	167,768,118	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		71,251,857		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 ---HOSPITALITY HOUSE	37,781			37.00
38.00	MEDICAL ARTS BUILDING	110,334			38.00
39.00	ORTHO BUILDING	77,808			39.00
40.00	HEALTH SERVICES BUILDING I & II	785,173			40.00
41.00	MISCELLANEOUS & INTEREST EXPENSE	62,737			41.00
41.01	INTEREST EXPENSE	0	0		41.01
41.02		0	0		41.02
41.03		0	0		41.03
42.00	Total deductions (sum of lines 37-41)		1,073,833		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		70,178,024		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140089

Period:
From 07/01/2014
To 06/30/2015

Worksheet G-3

Date/Time Prepared:
11/23/2015 5:05 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	167,768,118	1.00
2.00	Less contractual allowances and discounts on patients' accounts	95,606,748	2.00
3.00	Net patient revenues (line 1 minus line 2)	72,161,370	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	70,178,024	4.00
5.00	Net income from service to patients (line 3 minus line 4)	1,983,346	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	199,168	6.00
7.00	Income from investments	794,535	7.00
8.00	Revenues from telephone and other miscellaneous communication services	1,440	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	79,851	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	90,157	13.00
14.00	Revenue from meals sold to employees and guests	282,751	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	2,481	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	10,620	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	110	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	359,372	22.00
23.00	Governmental appropriations	67,056	23.00
24.00	CONSULTING	121,921	24.00
24.01	BILLING	114,876	24.01
24.02	INCOME FROM FF	249,463	24.02
24.03	MEANINGFUL USE	937,019	24.03
24.04	PATH & MMG SERVICES TO NOT OUR PAT	197,974	24.04
24.05	AMBULANCE STANDBY, HSK SERV, OUTREAC	51,216	24.05
24.06	OTHER	5,909	24.06
24.07	FLU VACCINE & INJECTION	7,890	24.07
25.00	Total other income (sum of lines 6-24)	3,573,809	25.00
26.00	Total (line 5 plus line 25)	5,557,155	26.00
27.00	PHYSICIAN OFFICE BUILDINGS	1,022,500	27.00
27.01	INTEREST EXPENSE	16,854	27.01
27.02	NET LOSS ON RETIREMENT OF ASSETS	53,046	27.02
27.03	MISCELLANEOUS	34,479	27.03
27.04	ROUNDING	-4	27.04
28.00	Total other expenses (sum of line 27 and subscripts)	1,126,875	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	4,430,280	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140089

Period: From 07/01/2014

Worksheet H

HHA CCN: 147293

To 06/30/2015

Date/Time Prepared: 11/23/2015 5:05 pm

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	251,350	0	0	12,532	44,663	308,545	5.00
HHA REIMBURSABLE SERVICES							
6.00	524,662	0	37,096	0	23,355	585,113	6.00
7.00	179,252	0	17,064	0	0	196,316	7.00
8.00	81,661	0	2,805	0	0	84,466	8.00
9.00	14,545	0	1,491	0	0	16,036	9.00
10.00	8,099	0	476	0	0	8,575	10.00
11.00	19,589	0	2,778	0	0	22,367	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	1,079,158	0	61,710	12,532	68,018	1,221,418	24.00
	Reclassifi cation	Reclassifi ed 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	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-19,764	288,781	0	288,781			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	585,113	0	585,113			6.00
7.00	0	196,316	0	196,316			7.00
8.00	0	84,466	0	84,466			8.00
9.00	0	16,036	0	16,036			9.00
10.00	0	8,575	0	8,575			10.00
11.00	0	22,367	0	22,367			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	-19,764	1,201,654	0	1,201,654			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet H-1 Part I Date/Time Prepared: 11/23/2015 5:05 pm
		HHA CCN: 147293	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bl dgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	288,781	0	0	0	288,781	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	585,113	0	0	0	585,113	6.00
7.00	Physical Therapy	196,316	0	0	0	196,316	7.00
8.00	Occupational Therapy	84,466	0	0	0	84,466	8.00
9.00	Speech Pathology	16,036	0	0	0	16,036	9.00
10.00	Medical Social Services	8,575	0	0	0	8,575	10.00
11.00	Home Health Aide	22,367	0	0	0	22,367	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,201,654	0	0	0	1,201,654	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	288,781					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	185,096	770,209				6.00
7.00	Physical Therapy	62,103	258,419				7.00
8.00	Occupational Therapy	26,720	111,186				8.00
9.00	Speech Pathology	5,073	21,109				9.00
10.00	Medical Social Services	2,713	11,288				10.00
11.00	Home Health Aide	7,076	29,443				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		1,201,654				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140089
HHA CCN: 147293

Period:
From 07/01/2014
To 06/30/2015

Worksheet H-1
Part II
Date/Time Prepared:
11/23/2015 5:05 pm
PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-288,781	912,873 5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	585,113 6.00
7.00	Physical Therapy	0	0	0	0	0	196,316 7.00
8.00	Occupational Therapy	0	0	0	0	0	84,466 8.00
9.00	Speech Pathology	0	0	0	0	0	16,036 9.00
10.00	Medical Social Services	0	0	0	0	0	8,575 10.00
11.00	Home Health Aide	0	0	0	0	0	22,367 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)	0	0	0	0	-288,781	912,873 24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		288,781 25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.316343 26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140089

Period: From 07/01/2014

Worksheet H-2

HHA CCN: 147293

To 06/30/2015

Part I
Date/Time Prepared:
11/23/2015 5:05 pm

Home Health
Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS					CAP REL COSTS-REHAB CNT	
		NEW BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	CAP REL COSTS-REHAB CNT		
1.00 Administrative and General	0	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	770,209	0	0	0	0	0	0	2.00
3.00 Physical Therapy	258,419	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	111,186	0	0	0	0	0	0	4.00
5.00 Speech Pathology	21,109	0	0	0	0	0	0	5.00
6.00 Medical Social Services	11,288	0	0	0	0	0	0	6.00
7.00 Home Health Aide	29,443	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	1,201,654	0	0	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00

Cost Center Description	CAPITAL RELATED COSTS						BUSHNELL OFFICE BLDG	
	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	CONVENIENCE CARE CLINI	BUSHNELL OFFICE BLDG		
1.00 Administrative and General	0	0	18,722	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	18,722	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140089

Period: From 07/01/2014

Worksheet H-2

HHA CCN: 147293

To 06/30/2015

Part I Date/Time Prepared: 11/23/2015 5:05 pm

Home Health Agency I

PPS

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSBI	MAINTENANCE & REPAIRS-HSBI I	
		4.00	4A	5.00	6.00	6.01	6.02	
1.00	Administrative and General	58,391	77,113	13,629	0	0	0	1.00
2.00	Skilled Nursing Care	122,238	892,447	157,732	0	0	0	2.00
3.00	Physical Therapy	41,763	300,182	53,054	0	0	0	3.00
4.00	Occupational Therapy	19,026	130,212	23,014	0	0	0	4.00
5.00	Speech Pathology	3,389	24,498	4,330	0	0	0	5.00
6.00	Medical Social Services	1,887	13,175	2,329	0	0	0	6.00
7.00	Home Health Aide	4,564	34,007	6,010	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)	251,258	1,471,634	260,098	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00
Cost Center Description		MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHNELL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		6.03	6.04	6.05	6.06	8.00	9.00	
1.00	Administrative and General	0	5,215	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	5,215	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140089

Period: From 07/01/2014

Worksheet H-2

HHA CCN: 147293

To 06/30/2015

Part I Date/Time Prepared: 11/23/2015 5:05 pm

Home Health Agency I

PPS

Cost Center Description		HOUSEKEEPING-H	HOUSEKEEPING-H	HOUSEKEEPING-O	HOUSEKEEPING-M	DIETARY	CAFETERIA		
		SB 9.01	SB II 9.02	RTHO 9.03	AB 9.04				
1.00	Administrative and General	0	0	0	1,862	0	8,400	1.00	
2.00	Skilled Nursing Care	0	0	0	0	0	16,349	2.00	
3.00	Physical Therapy	0	0	0	0	0	4,049	3.00	
4.00	Occupational Therapy	0	0	0	0	0	1,917	4.00	
5.00	Speech Pathology	0	0	0	0	0	345	5.00	
6.00	Medical Social Services	0	0	0	0	0	258	6.00	
7.00	Home Health Aide	0	0	0	0	0	1,314	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	0	1,862	0	32,632	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		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS		
		13.00	14.00	15.00	16.00	17.00	19.00		
1.00	Administrative and General	0	1,540	0	0	0	0	1.00	
2.00	Skilled Nursing Care	0	6,794	0	0	0	0	2.00	
3.00	Physical Therapy	0	0	0	0	0	0	3.00	
4.00	Occupational Therapy	0	0	0	0	0	0	4.00	
5.00	Speech Pathology	0	0	0	0	0	0	5.00	
6.00	Medical Social Services	0	0	0	0	0	0	6.00	
7.00	Home Health Aide	0	0	0	0	0	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	0	19.00	
20.00	Total (sum of lines 1-19) (2)	0	8,334	0	0	0	0	20.00	
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140089

Period: From 07/01/2014

Worksheet H-2

HHA CCN: 147293

To 06/30/2015

Part I
Date/Time Prepared:
11/23/2015 5:05 pm

Home Health Agency I

PPS

Cost Center Description	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	23.00	24.00	25.00	26.00	27.00	28.00	
1.00 Administrative and General	0	107,759	0	107,759			1.00
2.00 Skilled Nursing Care	0	1,073,322	0	1,073,322	69,173	1,142,495	2.00
3.00 Physical Therapy	0	357,285	0	357,285	23,027	380,312	3.00
4.00 Occupational Therapy	0	155,143	0	155,143	9,999	165,142	4.00
5.00 Speech Pathology	0	29,173	0	29,173	1,880	31,053	5.00
6.00 Medical Social Services	0	15,762	0	15,762	1,016	16,778	6.00
7.00 Home Health Aide	0	41,331	0	41,331	2,664	43,995	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	1,779,775	0	1,779,775	107,759	1,779,775	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.					0.064449		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140089
HHA CCN: 147293

Period: From 07/01/2014 To 06/30/2015

Worksheet H-2 Part II
Date/Time Prepared: 11/23/2015 5:05 pm
PPS

Cost Center Description		CAPITAL RELATED COSTS					CAP REL COSTS-DIAYSIS (PER CENT)	
		NEW BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HOSPITAL (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)	CAP REL COSTS-REHAB CNT (PER CENT)		
		1.00	1.01	1.02	1.03	1.04		
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
		CAPITAL RELATED COSTS						
Cost Center Description		CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLINIC (PER CENT)	BUSHNELL OFFICE BLDG (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		1.06	1.07	1.08	1.09	1.10	4.00	
		1.06	1.07	1.08	1.09	1.10	4.00	
1.00	Administrative and General	0	1,735	0	0	0	250,623	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	524,662	2.00
3.00	Physical Therapy	0	0	0	0	0	179,252	3.00
4.00	Occupational Therapy	0	0	0	0	0	81,661	4.00
5.00	Speech Pathology	0	0	0	0	0	14,545	5.00
6.00	Medical Social Services	0	0	0	0	0	8,099	6.00
7.00	Home Health Aide	0	0	0	0	0	19,589	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	1,735	0	0	0	1,078,431	20.00
21.00	Total cost to be allocated	0	18,722	0	0	0	251,258	21.00
22.00	Unit cost multiplier	0.000000	10.790778	0.000000	0.000000	0.000000	0.232985	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140089
HHA CCN: 147293

Period: From 07/01/2014 To 06/30/2015

Worksheet H-2 Part II
Date/Time Prepared: 11/23/2015 5:05 pm
PPS

Cost Center Description	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-HSBI (SQUARE FEET)	MAINTENANCE & REPAIRS-HSBI I (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	
	5A	5.00	6.00	6.01	6.02	6.03	
1.00 Administrative and General	0	77,113	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	892,447	0	0	0	0	2.00
3.00 Physical Therapy	0	300,182	0	0	0	0	3.00
4.00 Occupational Therapy	0	130,212	0	0	0	0	4.00
5.00 Speech Pathology	0	24,498	0	0	0	0	5.00
6.00 Medical Social Services	0	13,175	0	0	0	0	6.00
7.00 Home Health Aide	0	34,007	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)		1,471,634	0	0	0	0	20.00
21.00 Total cost to be allocated		260,098	0	0	0	0	21.00
22.00 Unit cost multiplier		0.176741	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	MAINTENANCE & REPAIRS-BUSHNELL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING-HSB (SQUARE FEET)	
	6.04	6.05	6.06	8.00	9.00	9.01	
1.00 Administrative and General	1,735	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	1,735	0	0	0	0	0	20.00
21.00 Total cost to be allocated	5,215	0	0	0	0	0	21.00
22.00 Unit cost multiplier	3.005764	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140089
HHA CCN: 147293

Period: From 07/01/2014 To 06/30/2015

Worksheet H-2
Part II
Date/Time Prepared: 11/23/2015 5:05 pm
PPS

Cost Center Description	HOUSEKEEPING-H	HOUSEKEEPING-O	HOUSEKEEPING-M	DIETARY	CAFETERIA	NURSING	
	SB 11 (SQUARE FEET)	RTHO (SQUARE FEET)	AB (SQUARE FEET)	(MEALS SERVED)	(FTE'S)	ADMINISTRATION (DIRECT NRSING HRS)	
	9.02	9.03	9.04	10.00	11.00	13.00	
1.00 Administrative and General	0	0	1,735	0	390	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	759	0	2.00
3.00 Physical Therapy	0	0	0	0	188	0	3.00
4.00 Occupational Therapy	0	0	0	0	89	0	4.00
5.00 Speech Pathology	0	0	0	0	16	0	5.00
6.00 Medical Social Services	0	0	0	0	12	0	6.00
7.00 Home Health Aide	0	0	0	0	61	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	1,735	0	1,515	0	20.00
21.00 Total cost to be allocated	0	0	1,862	0	32,632	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	1.073199	0.000000	21.539274	0.000000	22.00
Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00	19.00	23.00	
1.00 Administrative and General	4,736	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	20,897	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)	25,633	0	0	0	0	0	20.00
21.00 Total cost to be allocated	8,334	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.325128	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet H-3 Part I Date/Time Prepared: 11/23/2015 5:05 pm		
				HHA CCN: 147293	Title XVIII	Home Health Agency I PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,142,495		1,142,495	4,090	279.34	1.00
2.00	Physical Therapy	3.00	380,312	0	380,312	1,650	230.49	2.00
3.00	Occupational Therapy	4.00	165,142	0	165,142	748	220.78	3.00
4.00	Speech Pathology	5.00	31,053	0	31,053	132	235.25	4.00
5.00	Medical Social Services	6.00	16,778		16,778	29	578.55	5.00
6.00	Home Health Aide	7.00	43,995		43,995	315	139.67	6.00
7.00	Total (sum of lines 1-6)		1,779,775	0	1,779,775	6,964		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
0	1.00	2.00	3.00	4.00	5.00			
Limitation Cost Computation								
8.00	Skilled Nursing Care		99914	0	2,150			8.00
9.00	Physical Therapy		99914	0	1,028			9.00
10.00	Occupational Therapy		99914	0	394			10.00
11.00	Speech Pathology		99914	0	41			11.00
12.00	Medical Social Services		99914	0	22			12.00
13.00	Home Health Aide		99914	0	189			13.00
14.00	Total (sum of lines 8-13)			0	3,824			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 (col. 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	28,688	0.000000	15.00	
16.00	Cost of Drugs	9.00	0	0	0	0.000000	16.00	
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
6.00	7.00	8.00	9.00	10.00	11.00			
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	2,150		0	600,581	1.00	
2.00	Physical Therapy	0	1,028		0	236,944	2.00	
3.00	Occupational Therapy	0	394		0	86,987	3.00	
4.00	Speech Pathology	0	41		0	9,645	4.00	
5.00	Medical Social Services	0	22		0	12,728	5.00	
6.00	Home Health Aide	0	189		0	26,398	6.00	
7.00	Total (sum of lines 1-6)	0	3,824		0	973,283	7.00	
Cost Center Description								
6.00	7.00	8.00	9.00	10.00	11.00			
Limitation Cost Computation								
8.00	Skilled Nursing Care						8.00	
9.00	Physical Therapy						9.00	
10.00	Occupational Therapy						10.00	
11.00	Speech Pathology						11.00	
12.00	Medical Social Services						12.00	
13.00	Home Health Aide						13.00	
14.00	Total (sum of lines 8-13)						14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140089 HHA CCN: 147293	Period: From 07/01/2014 To 06/30/2015	Worksheet H-3 Part I Date/Time Prepared: 11/23/2015 5:05 pm PPS
		Title XVII I	Home Health Agency I	

Cost Center Description	Program Covered Charges			Cost of Services	Part B	Subject to Deductibles & Coinsurance	
	Part A	Part B					
		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	0	17,697	0	0	0	15.00
16.00	Cost of Drugs		0	0	0	0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	600,581					1.00
2.00	Physical Therapy	236,944					2.00
3.00	Occupational Therapy	86,987					3.00
4.00	Speech Pathology	9,645					4.00
5.00	Medical Social Services	12,728					5.00
6.00	Home Health Aide	26,398					6.00
7.00	Total (sum of lines 1-6)	973,283					7.00
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140089
HHA CCN: 147293

Period:
From 07/01/2014
To 06/30/2015

Worksheet H-3
Part II
Date/Time Prepared:
11/23/2015 5:05 pm
PPS

Title XVIII

Home Health Agency I

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.456634	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.000000	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.458569	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.192805	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.436599	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140089 HHA CCN: 147293	Period: From 07/01/2014 To 06/30/2015	Worksheet H-4 Part I-II Date/Time Prepared: 11/23/2015 5:05 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	613,970	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	613,970	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	613,970	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	595,680
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	1,303
13.00	Total PPS Reimbursement - LUPA Episodes		0	12,686
14.00	Total PPS Reimbursement - PEP Episodes		0	2,585
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	37
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	612,291
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	612,291
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	612,291
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	612,291
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	612,291
31.01	Sequestration adjustment (see instructions)		0	12,246
32.00	Interim payments (see instructions)		0	600,046
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	-1
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 140089
HHA CCN: 147293

Period:
From 07/01/2014
To 06/30/2015

Worksheet H-5
Date/Time Prepared:
11/23/2015 5:05 pm
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		0		600,046	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		600,046	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		1	6.02
7.00	Total Medicare program liability (see instructions)		0		600,045	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140089

Period: From 07/01/2014

Worksheet K

Hospice CCN: 141524

To 06/30/2015

Date/Time Prepared: 11/23/2015 5:05 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	57,848	0	0	3,062	11,640	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	21,937	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	69,969	0	0	43,403	0	9.00
10.00	Nursing Care	323,759	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	45,062	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	51,928	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	139,707	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	66,137	26.00
27.00	Patient Transportation	0	0	30,531	954	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	15,022	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	37,374	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	3,121	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	8,079	0	0	50	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	126,877	0	38.00
39.00	Total (sum of lines 1 thru 38)	556,645	0	30,531	233,657	235,627	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140089

Period: From 07/01/2014

Worksheet K

Hospice CCN: 141524

To 06/30/2015

Date/Time Prepared: 11/23/2015 5:05 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	72,550	21,086	93,636	0	93,636	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	21,937	0	21,937	0	21,937	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	113,372	0	113,372	0	113,372	9.00
10.00	Nursing Care	323,759	0	323,759	0	323,759	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	45,062	0	45,062	0	45,062	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	51,928	0	51,928	0	51,928	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	139,707	0	139,707	0	139,707	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	66,137	0	66,137	0	66,137	26.00
27.00	Patient Transportation	31,485	0	31,485	0	31,485	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	15,022	0	15,022	0	15,022	30.00
31.00	Outpatient Services (including E/R Dept.)	37,374	0	37,374	0	37,374	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	3,121	0	3,121	0	3,121	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	8,129	1,845	9,974	0	9,974	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	126,877	1,151	128,028	0	128,028	38.00
39.00	Total (sum of lines 1 thru 38)	1,056,460	24,082	1,080,542	0	1,080,542	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140089
 Hospice CCN: 141524

Period:
 From 07/01/2014
 To 06/30/2015

Worksheet K-1
 Date/Time Prepared:
 11/23/2015 5:05 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	43,518	0	0	14,330	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	323,759	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	45,062	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	43,518	45,062	0	338,089	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140089

Period: From 07/01/2014

Worksheet K-1

Hospice CCN: 141524

To 06/30/2015

Date/Time Prepared: 11/23/2015 5:05 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	0	57,848	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	69,969	69,969	9.00
10.00	Nursing Care		0	0	323,759	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	45,062	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		51,928	0	51,928	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		8,079	0	8,079	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	60,007	69,969	556,645	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140089		Period: From 07/01/2014 To 06/30/2015		Worksheet K-3	
		Hospice CCN: 141524				Date/Time Prepared: 11/23/2015 5:05 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	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet K-3
		Hospice CCN: 141524		Date/Time Prepared: 11/23/2015 5:05 pm

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	3,062	3,062	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	21,937	21,937	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	43,403	43,403	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	954	954	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	37,374	37,374	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	50	50	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	126,877	126,877	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	233,657	233,657	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140089
 Hospice CCN: 141524

Period:
 From 07/01/2014
 To 06/30/2015

Worksheet K-4
 Part I
 Date/Time Prepared:
 11/23/2015 5:05 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	93,636	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	21,937	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	113,372	0	0	0	0	9.00
10.00	Nursing Care	323,759	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	45,062	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	51,928	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	139,707	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	66,137	0	0	0	0	26.00
27.00	Patient Transportation	31,485	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	15,022	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	37,374	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	3,121	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	9,974	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	128,028	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,080,542	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140089

Period: From 07/01/2014

Worksheet K-4

Hospice CCN: 141524

To 06/30/2015

Part I
Date/Time Prepared:
11/23/2015 5:05 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col . 5A ± col . 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	93,636	93,636		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	21,937	2,081	24,018	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	113,372	10,757	124,129	9.00
10.00	Nursing Care	0	323,759	30,719	354,478	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	45,062	4,275	49,337	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	51,928	4,927	56,855	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	139,707	13,255	152,962	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	66,137	6,275	72,412	26.00
27.00	Patient Transportation	0	31,485	2,987	34,472	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	15,022	1,425	16,447	30.00
31.00	Outpatient Services (including E/R Dept.)	0	37,374	3,546	40,920	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	3,121	296	3,417	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	9,974	946	10,920	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	128,028	12,147	140,175	38.00
39.00	Total (sum of lines 1 thru 38)	0	1,080,542		1,080,542	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089
 Hospice CCN: 141524

Period:
 From 07/01/2014
 To 06/30/2015

Worksheet K-4
 Part II
 Date/Time Prepared:
 11/23/2015 5:05 pm

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089
 Hospice CCN: 141524

Period:
 From 07/01/2014
 To 06/30/2015

Worksheet K-4
 Part II
 Date/Time Prepared:
 11/23/2015 5:05 pm

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-93,636	986,906	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	21,937	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	113,372	9.00
10.00	Nursing Care	0	323,759	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	45,062	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	51,928	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	139,707	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	66,137	26.00
27.00	Patient Transportation	0	31,485	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	15,022	30.00
31.00	Outpatient Services (including E/R Dept.)	0	37,374	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	3,121	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	9,974	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	128,028	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		93,636	39.00
40.00	Unit Cost Multiplier		0.094878	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140089

Period: From 07/01/2014

Worksheet K-5

Hospice CCN: 141524

To 06/30/2015

Part I
Date/Time Prepared:
11/23/2015 5:05 pm

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
		1.00	1.01	1.02	1.03	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	24,018	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	124,129	0	0	0	0	4.00
5.00 Nursing Care	354,478	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	49,337	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	56,855	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	152,962	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	72,412	0	0	0	0	21.00
22.00 Patient Transportation	34,472	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	16,447	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	40,920	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	3,417	0	0	0	0	29.00
30.00 Bereavement Program Costs	10,920	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	140,175	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	1,080,542	0	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140089

Period:

Worksheet K-5

Hospice CCN: 141524

From 07/01/2014
To 06/30/2015

Part I
Date/Time Prepared:
11/23/2015 5:05 pm

Hospice I

Cost Center Description	CAPITAL RELATED COSTS					
	CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAGNOSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
	1.04	1.05	1.06	1.07	1.08	
1.00 Administrative and General	0	0	0	11,374	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	11,374	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140089

Period: From 07/01/2014

Worksheet K-5

Hospice CCN: 141524

To 06/30/2015

Part I
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		CONVENIENCE CARE CLINI	BUSHNELL OFFICE BLDG					
		1.09	1.10	4.00				
1.00	Administrative and General	0	0	13,478	24,852	4,392	1.00	
2.00	Inpatient - General Care	0	0	0	24,018	4,245	2.00	
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00	Physician Services	0	0	26,414	150,543	26,607	4.00	
5.00	Nursing Care	0	0	75,431	429,909	75,982	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	10,499	59,836	10,575	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	12,098	68,953	12,187	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	152,962	27,035	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	72,412	12,798	21.00	
22.00	Patient Transportation	0	0	0	34,472	6,093	22.00	
23.00	Imaging Services	0	0	0	0	0	23.00	
24.00	Labs and Diagnostics	0	0	0	0	0	24.00	
25.00	Medical Supplies	0	0	0	16,447	2,907	25.00	
26.00	Outpatient Services (including E/R Dept.)	0	0	0	40,920	7,232	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	3,417	604	29.00	
30.00	Bereavement Program Costs	0	0	1,882	12,802	2,263	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	140,175	24,775	33.00	
34.00	Total (sum of lines 1 thru 33) (2)	0	0	139,802	1,231,718	217,695	34.00	
35.00	Unit Cost Multiplier (see instructions)				0.000000		35.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140089

Period: From 07/01/2014

Worksheet K-5

Hospice CCN: 141524

To 06/30/2015

Part I
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description		Hospice I					
		MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSBI	MAINTENANCE & REPAIRS-HSBI I	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	
		6.00	6.01	6.02	6.03	6.04	
1.00	Administrative and General	0	0	0	0	3,168	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	3,168	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140089

Period:

Worksheet K-5

Hospice CCN: 141524

From 07/01/2014
To 06/30/2015

Part I
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description		Hospice I					
		MAINTENANCE & REPAIRS-ORTHO BLDG 6.05	MAINTENANCE & REPAIRS-BUSHNE LL 6.06	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING-H SB 9.01	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	526	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	526	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS	Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet K-5 Part I Date/Time Prepared: 11/23/2015 5:05 pm
	Hospice CCN: 141524		

Cost Center Description	Hospice I					
	HOUSEKEEPING-H SB 11 9.02	HOUSEKEEPING-O RTHO 9.03	HOUSEKEEPING-M AB 9.04	DIETARY 10.00	CAFETERIA 11.00	
1.00 Administrative and General	0	0	1,131	0	1,272	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	690	4.00
5.00 Nursing Care	0	0	0	0	9,619	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	1,682	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	3,731	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 - Specif y	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	259	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	1,131	0	17,253	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140089

Period:

Worksheet K-5

Hospice CCN: 141524

From 07/01/2014
To 06/30/2015

Part I
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description		Hospice I					
		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	4,307	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	4,307	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140089

Period: From 07/01/2014

Worksheet K-5

Hospice CCN: 141524

To 06/30/2015

Part I
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description		Hospice I					
		NONPHYSICIAN ANESTHETISTS	PARAMED PRGM	Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col s. 24 ± 25)	
		19.00	23.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	34,815			1.00
2.00	Inpatient - General Care	0	0	28,263	0	28,263	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	177,840	0	177,840	4.00
5.00	Nursing Care	0	0	520,343	0	520,343	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	72,093	0	72,093	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	84,871	0	84,871	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	179,997	0	179,997	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	85,210	0	85,210	21.00
22.00	Patient Transportation	0	0	40,565	0	40,565	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	19,354	0	19,354	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	48,152	0	48,152	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	4,021	0	4,021	29.00
30.00	Bereavement Program Costs	0	0	15,324	0	15,324	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	164,950	0	164,950	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	1,475,798	0	1,475,798	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 140089	Period: From 07/01/2014	Worksheet K-5
		Hospice CCN: 141524	To 06/30/2015	Part I Date/Time Prepared: 11/23/2015 5:05 pm
			Hospice I	

Cost Center Description		Allocated Hospice A&G (See Part 11)	Total Hospice Costs (cols. 26 ± 27)	
		27.00	28.00	
1.00	Administrative and General			1.00
2.00	Inpatient - General Care	683	28,946	2.00
3.00	Inpatient - Respite Care	0	0	3.00
4.00	Physician Services	4,297	182,137	4.00
5.00	Nursing Care	12,571	532,914	5.00
6.00	Nursing Care-Continuous Home Care	0	0	6.00
7.00	Physical Therapy	0	0	7.00
8.00	Occupational Therapy	0	0	8.00
9.00	Speech/ Language Pathology	0	0	9.00
10.00	Medical Social Services	1,742	73,835	10.00
11.00	Spiritual Counseling	0	0	11.00
12.00	Dietary Counseling	0	0	12.00
13.00	Counseling - Other	0	0	13.00
14.00	Home Health Aide and Homemaker	2,051	86,922	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	15.00
16.00	Other	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	4,349	184,346	17.00
18.00	Analgesics	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	19.00
20.00	Other - Specify	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	2,059	87,269	21.00
22.00	Patient Transportation	980	41,545	22.00
23.00	Imaging Services	0	0	23.00
24.00	Labs and Diagnostics	0	0	24.00
25.00	Medical Supplies	468	19,822	25.00
26.00	Outpatient Services (including E/R Dept.)	1,163	49,315	26.00
27.00	Radiation Therapy	0	0	27.00
28.00	Chemotherapy	0	0	28.00
29.00	Other	97	4,118	29.00
30.00	Bereavement Program Costs	370	15,694	30.00
31.00	Volunteer Program Costs	0	0	31.00
32.00	Fundraising	0	0	32.00
33.00	Other Program Costs	3,985	168,935	33.00
34.00	Total (sum of lines 1 thru 33) (2)		1,475,798	34.00
35.00	Unit Cost Multiplier (see instructions)	0.024161		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2014
To 06/30/2015

Worksheet K-5
Part II
Date/Time Prepared:
11/23/2015 5:05 pm

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2014
To 06/30/2015

Worksheet K-5
Part II
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description		CAPITAL RELATED COSTS					
		CAP REL COSTS-DAYS (PER CENT)	CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLINI (PER CENT)	
		1.05	1.06	1.07	1.08	1.09	
1.00	Administrative and General	0	0	1,054	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	1,054	0	0	34.00
35.00	Total cost to be allocated	0	0	11,374	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	10.791271	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2014
To 06/30/2015

Worksheet K-5
Part II
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)		
	BUSHNELL OFFICE BLDG (SQUARE FEET)							
	1.10	4.00						
1.00 Administrative and General	0		57,848	5A	0	24,852	0	1.00
2.00 Inpatient - General Care	0		0		0	24,018	0	2.00
3.00 Inpatient - Respite Care	0		0		0	0	0	3.00
4.00 Physician Services	0		113,372		0	150,543	0	4.00
5.00 Nursing Care	0		323,759		0	429,909	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		45,062		0	59,836	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		51,928		0	68,953	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	152,962	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	72,412	0	21.00
22.00 Patient Transportation	0		0		0	34,472	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	16,447	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0		0		0	40,920	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	3,417	0	29.00
30.00 Bereavement Program Costs	0		8,079		0	12,802	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	140,175	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0		600,048			1,231,718	0	34.00
35.00 Total cost to be allocated	0		139,802			217,695	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000		0.232985			0.176741	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2014
To 06/30/2015

Worksheet K-5
Part II
Date/Time Prepared:
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Cost Center Description		Hospice I					
		MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	
		6.01	6.02	6.03	6.04	6.05	
1.00	Administrative and General	0	0	0	1,054	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	1,054	0	34.00
35.00	Total cost to be allocated	0	0	0	3,168	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	3.005693	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2014
To 06/30/2015

Worksheet K-5
Part II
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description		Hospice I					
		MAINTENANCE & REPAIRS-BUSHNELL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING-H SB (SQUARE FEET)	HOUSEKEEPING-H SB II (SQUARE FEET)	
		6.06	8.00	9.00	9.01	9.02	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	251	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 - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	251	0	0	0	34.00
35.00	Total cost to be allocated	0	526	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	2.095618	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2014
To 06/30/2015

Worksheet K-5
Part II
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description	Hospice I					
	HOUSEKEEPING-O RTHO (SQUARE FEET)	HOUSEKEEPING-M AB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
	9.03	9.04	10.00	11.00	13.00	
1.00 Administrative and General	0	1,054	0	59	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	32	0	4.00
5.00 Nursing Care	0	0	0	446	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	78	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	173	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	12	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	1,054	0	800	0	34.00
35.00 Total cost to be allocated	0	1,131	0	17,253	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	1.073055	0.000000	21.566250	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2014
To 06/30/2015

Worksheet K-5
Part II
Date/Time Prepared:
11/23/2015 5:05 pm

Cost Center Description		Hospice I					
		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	13,248	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)	13,248	0	0	0	0	34.00
35.00	Total cost to be allocated	4,307	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.325106	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2014
To 06/30/2015

Worksheet K-5
Part II
Date/Time Prepared:
11/23/2015 5:05 pm

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet K-5 Part III Date/Time Prepared: 11/23/2015 5:05 pm	
		Hospice CCN: 141524	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	
ANCI LLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.456634	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.458569	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.436599	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.209791	0	6.00
6.01	BLOOD LABORATORY	60.01			6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.192805	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00			9.00
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0.871898	0	10.00
10.01	DIABETES/WOUND CARE/COUMADIN CNTR	76.01	1.133048	0	10.01
10.02	FLU CLINIC	76.02	3.615290	0	10.02
11.00	Totals (sum of lines 1-10)				11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140089

Period: From 07/01/2014

Worksheet K-6

Hospice CCN: 141524

To 06/30/2015

Date/Time Prepared: 11/23/2015 5:05 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				1,306,863	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				6,515	2.00
3.00	Average cost per diem (line 1 divided by line 2)				200.59	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	5,955				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	1,194,513				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		0			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		0			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			560		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			112,330		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet L Parts I-III Date/Time Prepared: 11/23/2015 5:05 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		323,899	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		20,975	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)		15.05	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, columns 1 and 1.01)(see instructions)		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 (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		344,874	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 HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 140089 Component CCN: 148522	Period: From 07/01/2014 To 06/30/2015	Worksheet M-1 Date/Time Prepared: 11/23/2015 5:05 pm
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		Compensation	Other Costs	Total (col. 1 + col. 2)	Rural Health Clinic (RHC) I 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	175,141	0	175,141	0	175,141	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	87,212	0	87,212	0	87,212	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	671	0	671	0	671	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	104,651	0	104,651	0	104,651	9.00
10.00	Subtotal (sum of lines 1 through 9)	367,675	0	367,675	0	367,675	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	12,433	12,433	0	12,433	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	12,433	12,433	0	12,433	14.00
15.00	Medical Supplies	0	13,847	13,847	0	13,847	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	9,516	9,516	0	9,516	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 through 20)	0	23,363	23,363	0	23,363	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	367,675	35,796	403,471	0	403,471	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	27,943	27,943	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 through 27)	0	0	0	27,943	27,943	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	0	25,093	25,093	0	25,093	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	25,093	25,093	0	25,093	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	367,675	60,889	428,564	27,943	456,507	32.00

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

Provider CCN: 140089

Period: From 07/01/2014

Worksheet M-1

Component CCN: 148522

To 06/30/2015

Date/Time Prepared: 11/23/2015 5:05 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	175,141	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	87,212	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	671	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	104,651	9.00
10.00	Subtotal (sum of lines 1 through 9)	0	367,675	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	12,433	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	12,433	14.00
15.00	Medical Supplies	0	13,847	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	17.00
18.00	Professional Liability Insurance	0	9,516	18.00
19.00	Other Health Care Costs	0	0	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	23,363	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	403,471	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	27,943	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 through 27)	0	27,943	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	0	0	29.00
30.00	Administrative Costs	0	25,093	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	25,093	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	456,507	32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 140089	Period: From 07/01/2014	Worksheet M-2
		Component CCN: 148522	To 06/30/2015	Date/Time Prepared: 11/23/2015 5:05 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	0.74	3,393	4,200	3,108	1.00
2.00	Physician Assistant	0.00	0	2,100	0	2.00
3.00	Nurse Practitioner	0.56	1,009	2,100	1,176	3.00
4.00	Subtotal (sum of lines 1 through 3)	1.30	4,402		4,284	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 through 7)	1.30	4,402		4,402	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 Wkst. M-1, col. 7, line 22)	403,471	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)	27,943	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)	431,414	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)	0.935229	13.00
14.00	Total facility overhead - (from Wkst. M-1, col. 7, line 31)	25,093	14.00
15.00	Parent provider overhead allocated to facility (see instructions)	330,171	15.00
16.00	Total overhead (sum of lines 14 and 15)	355,264	16.00
17.00	Allowable GME overhead (see instructions)	0	17.00
18.00	Subtotal (see instructions)	355,264	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)	332,253	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)	735,724	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 140089	Period: From 07/01/2014 To 06/30/2015	Worksheet M-3
		Component CCN: 148522		Date/Time Prepared: 11/23/2015 5:05 pm
		Title XVIIII	Rural Health Clinic (RHC) I	Cost
				1.00
DETERMINATION OF RATE FOR RHC/FQHC SERVICES				
1.00	Total Allowable Cost of RHC/FQHC Services (from Wkst. M-2, line 20)		735,724	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		17,116	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		718,608	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		4,402	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		4,402	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		163.25	7.00
		Calculation of Limit (1)		
		Prior to January 1	On or After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	79.80	80.44	8.00
9.00	Rate for Program covered visits (see instructions)	163.25	163.25	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	565	566	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	92,236	92,400	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) *		184,636	16.00
16.01	Total program charges (see instructions)(from contractor's records)		147,313	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		1,816	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		2,276	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.)		126,942	16.04
16.05	Total program cost (see instructions)		129,218	16.05
17.00	Primary payer amounts		270	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		23,683	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		24,363	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		128,948	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		9,949	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		138,897	22.00
23.00	Allowable bad debts (see instructions)		0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	25.50
26.00	Net reimbursable amount (see instructions)		138,897	26.00
26.01	Sequestration adjustment (see instructions)		2,778	26.01
27.00	Interim payments		54,337	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)		81,782	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0	30.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 140089 Component CCN: 148522	Period: From 07/01/2014 To 06/30/2015	Worksheet M-4 Date/Time Prepared: 11/23/2015 5:05 pm
		Title XVIII	Rural Health Clinic (RHC) I	Cost
		Pneumococcal 1.00	Influenza 2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	367,675	367,675	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.001854	0.001854	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	682	682	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	1,624	6,114	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	2,306	6,796	5.00
6.00	Total direct cost of the facility (from Wkst. M-1, col. 7, line 22)	403,471	403,471	6.00
7.00	Total overhead (from Wkst. M-2, line 16)	355,264	355,264	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.005715	0.016844	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	2,030	5,984	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	4,336	12,780	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	84	186	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	51.62	68.71	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	41	114	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	2,116	7,833	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)		17,116	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)		9,949	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140089 Component CCN: 148522	Period: From 07/01/2014 To 06/30/2015	Worksheet M-5 Date/Time Prepared: 11/23/2015 5:05 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		51,405	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01		02/10/2015	1,195	3.01
3.02		06/23/2015	1,737	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)		2,932	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		54,337	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		81,782	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		136,119	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00
8.00	Name of Contractor			8.00