

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet S Parts I-III Date/Time Prepared: 11/29/2016 5:36 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 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.	Date: 11/29/2016 Time: 5:36 pm
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 07/01/2015 and ending 06/30/2016 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	-86,621	-10,083	-166,538	0	1.00
2.00 Subprovider - IPF	0	10	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	-27		0	9.00
10.00 RURAL HEALTH CLINIC I	0		26,601		0	10.00
200.00 Total	0	-86,611	16,491	-166,538	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140089			Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 3:15 pm			
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 525 E. GRANT	PO Box:								1.00
2.00	City: MACOMB	State: IL		Zip Code: 61455-		County: MCDONOUGH				2.00
		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	
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	MCDONOUGH DISTRICT HOSPITAL	14S089	99914	4	07/01/2015	N	P	O	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	MDH SWING BEDS	14U089	99914		04/29/2015	N		N	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 - FOHC									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)					07/01/2015		06/30/2016		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 §412.106(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		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 days	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.	1,007	0	0	0	0	13	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 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 3:15 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.	07/01/2015	06/30/2016			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.		0			37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)		N			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(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)		N			60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		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

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	Y/N	IME	Direct GME	IME	Direct GME					
	1.00	2.00	3.00	4.00	5.00					
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	
	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		
	Program Name		Program Code	Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ col. 1 + col. 2))				
	1.00	2.00	3.00	4.00	5.00					
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						0.00	0.00	0.000000	64.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)						0.00	0.00	0.000000	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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 1.00	XIX 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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	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 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	151,971	15,000	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
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 3:15 pm			
		1.00	2.00				
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	
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		
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	Title XIX
				1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	N	157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00
161.00	CMHC		N	N	N	N	161.00
							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	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		Y				167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						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)						0.50

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 3:15 pm	
			Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		07/01/2015	12/31/2015	170.00
				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. 1, 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 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/29/2016 3:15 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for 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	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	11/15/2016	Y	11/15/2016
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/29/2016 3:15 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been 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.	DAN		LI NHART	41.00
42.00	Enter the employer/company name of the cost report preparer.	RSM US LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	563-888-4404		DAN.LI NHART@RSMUS.COM	43.00

		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.	MANAGER - HC CONSULTING	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 07/01/2015
To 06/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2016 3:15 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Ti tle V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	31	11,346	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	11,346	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	7	2,562	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					0	13.00
14.00 Total (see instructions)		38	13,908	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	6	2,196		0	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)		44				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	1,098			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 07/01/2015
To 06/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2016 3:15 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	1,807	634	4,021			1.00
2.00 HMO and other (see instructions)	223	13				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	196	0	196			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	140			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	2,003	634	4,357			7.00
8.00 INTENSIVE CARE UNIT	349	57	567			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		316	722			13.00
14.00 Total (see instructions)	2,352	1,007	5,646	0.00	504.94	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	937	0	1,287	0.00	0.00	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	3,809	341	7,498	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)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	1,084	984	5,520	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		194	839			28.00
29.00 Ambulance Trips	1,134					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	0	42			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 07/01/2015
To 06/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2016 3:15 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	592	253	1,320	1.00
2.00 HMO and other (see instructions)			61	1		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	592	253	1,320	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	87	0	127	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 07/01/2015 To 06/30/2016	Worksheet S-3 Part II Date/Time Prepared: 11/29/2016 3:15 pm			
	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	36,211,890	0	36,211,890	1,151,215.00	31.46	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		1,034,087	0	1,034,087	8,549.00	120.96	3.00
4.00	Physician-Part A - Administrative		315,821	0	315,821	1,181.00	267.42	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		1,857,677	0	1,857,677	19,580.00	94.88	5.00
6.00	Non-physician-Part B		223,462	0	223,462	11,910.00	18.76	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		11,049,376	0	11,049,376	314,335.00	35.15	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		21,320	0	21,320	328.00	65.00	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		7,158,741	0	7,158,741			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,042,635	0	3,042,635			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		126,883	0	126,883			21.00
22.00	Physician Part A - Administrative		23,357	0	23,357			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		270,346	0	270,346			23.00
24.00	Wage-related costs (RHC/FQHC)		95,762	0	95,762			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	332,191	0	332,191	9,237.00	35.96	26.00
27.00	Administrative & General	5.00	4,608,233	0	4,608,233	167,384.00	27.53	27.00
28.00	Administrative & General under contract (see inst.)		227,306	0	227,306	4,652.00	48.86	28.00
29.00	Maintenance & Repairs	6.00	630,629	0	630,629	27,939.00	22.57	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	350,527	0	350,527	8,444.00	41.51	38.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet S-3
Part II
Date/Time Prepared:
11/29/2016 3:15 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adj uste d Sal ari es (col . 2 ± col . 3)	Pai d Hou rs Rel ated 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		
39.00	Central Services and Supply	14.00	281,895	11,170	293,065	18,046.00	16.24	39.00
40.00	Pharmacy	15.00	603,111	0	603,111	14,366.00	41.98	40.00
41.00	Medical Records & Medical Records Library	16.00	674,063	0	674,063	34,382.00	19.61	41.00
42.00	Social Service	17.00	242,022	0	242,022	9,966.00	24.28	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 07/01/2015
To 06/30/2016

Worksheet S-3
Part III
Date/Time Prepared:
11/29/2016 3:15 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Pai d Hours Related to Sal ari es i n 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)	33,323,970	0	33,323,970	1,115,828.00	29.86	1.00
2.00	Excluded area salaries (see instructions)	11,049,376	0	11,049,376	314,335.00	35.15	2.00
3.00	Subtotal salaries (line 1 minus line 2)	22,274,594	0	22,274,594	801,493.00	27.79	3.00
4.00	Subtotal other wages & related costs (see inst.)	21,320	0	21,320	328.00	65.00	4.00
5.00	Subtotal wage-related costs (see inst.)	7,182,098	0	7,182,098	0.00	32.24	5.00
6.00	Total (sum of lines 3 thru 5)	29,478,012	0	29,478,012	801,821.00	36.76	6.00
7.00	Total overhead cost (see instructions)	7,949,977	11,170	7,961,147	294,416.00	27.04	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2016 3:15 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	933,765	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)	6,746,730	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	279,352	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	37,708	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)	75,673	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	222,692	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	2,367,921	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	-16,118	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	70,001	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	10,717,724	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 07/01/2015
To 06/30/2016

Worksheet S-3
Part V
Date/Time Prepared:
11/29/2016 3:15 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	21,320	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	21,320	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	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 07/01/2015 To 06/30/2016	Worksheet S-4
		Component CCN: 147293		Date/Time Prepared: 11/29/2016 3:15 pm
			Home Health Agency I	PPS

		1.00						
0.00	County	MCDONOUGH					0.00	
		Title V	Title XVIII	Title XIX	Other	Total		
		1.00	2.00	3.00	4.00	5.00		
HOME HEALTH AGENCY STATISTICAL DATA								
1.00	Home Health Aide Hours	0	0	0	0	0	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	184.00	26.00	157.00	365.00	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				3.32	0.00	3.32	5.00
6.00	Direct Nursing Service				7.92	0.00	7.92	6.00
7.00	Nursing Supervisor				0.00	0.00	0.00	7.00
8.00	Physical Therapy Service				1.63	0.00	1.63	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service				0.77	0.00	0.77	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00
12.00	Speech Pathology Service				0.19	0.00	0.19	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00
14.00	Medical Social Service				0.11	0.00	0.11	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00
16.00	Home Health Aide				0.63	0.00	0.63	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 (col s. 1-4)		
		Without Outliers	With Outliers					
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	1,971	171	87	47	2,276	21.00	
22.00	Skilled Nursing Visit Charges	335,070	29,070	13,940	7,990	386,070	22.00	
23.00	Physical Therapy Visits	730	15	26	13	784	23.00	
24.00	Physical Therapy Visit Charges	124,100	2,550	4,420	2,210	133,280	24.00	
25.00	Occupational Therapy Visits	487	16	6	9	518	25.00	
26.00	Occupational Therapy Visit Charges	82,790	2,720	1,020	1,530	88,060	26.00	
27.00	Speech Pathology Visits	66	2	0	0	68	27.00	
28.00	Speech Pathology Visit Charges	11,220	340	0	0	11,560	28.00	
29.00	Medical Social Service Visits	13	1	0	0	14	29.00	
30.00	Medical Social Service Visit Charges	2,210	170	0	0	2,380	30.00	
31.00	Home Health Aide Visits	138	11	0	0	149	31.00	
32.00	Home Health Aide Visit Charges	15,491	1,235	0	0	16,726	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,405	216	119	69	3,809	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)	570,881	36,085	19,380	11,730	638,076	35.00	
36.00	Total Number of Episodes (standard/non outlier)	193		38	4	235	36.00	
37.00	Total Number of Outlier Episodes		6		0	6	37.00	
38.00	Total Non-Routine Medical Supply Charges	21,197	3,718	480	10	25,405	38.00	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet S-7

Date/Time Prepared:
11/29/2016 3:15 pm

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	Y	04/29/2015	2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	0	0	0	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	0	0	0	12.00
13.00	RUB	0	0	0	13.00
14.00	RUA	0	0	0	14.00
15.00	RVC	0	0	0	15.00
16.00	RVB	0	20	20	16.00
17.00	RVA	0	0	0	17.00
18.00	RHC	0	20	20	18.00
19.00	RHB	0	9	9	19.00
20.00	RHA	0	33	33	20.00
21.00	RMC	0	4	4	21.00
22.00	RMB	0	14	14	22.00
23.00	RMA	0	9	9	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	5	5	33.00
34.00	HC1	0	0	0	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	0	13	13	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	9	9	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	0	0	0	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	5	5	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	0	16	16	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	0	18	18	52.00
53.00	CA2	0	6	6	53.00
54.00	CA1	0	11	11	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet S-7

Date/Time Prepared:
11/29/2016 3:15 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	4	4	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	196	196	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		99914	99914	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 140089 Component CCN: 148522		Period: From 07/01/2015 To 06/30/2016		Worksheet S-8 Date/Time Prepared: 11/29/2016 3:15 pm Cost	
				Rural Health Clinic (RHC) I			
				1.00			
1.00 Clinic Address and Identification				115 W. HALL ST		1.00	
		City		State		ZIP Code	
		1.00		2.00		3.00	
2.00 City, State, ZIP Code, County		BUSHNELL		IL		61422 2.00	
				1.00			
3.00 FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban						0 3.00	
				Grant Award		Date	
				1.00		2.00	
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 FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)				N		0 10.00	
		Sunday		Monday		Tuesday	
		from to		from to		from	
		1.00 2.00		3.00 4.00		5.00	
11.00 Facility hours of operations (1)				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						Total Visits	
		Y/N		V		XVIII	
		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)							
				County			
				4.00			
2.00 City, State, ZIP Code, County		MCDONOUGH				2.00	
		Tuesday		Wednesday		Thursday	
		to		from to		from to	
		6.00		7.00 8.00		9.00 10.00	
11.00 Facility hours of operations (1)				17:00 08:30 12:00		08:30 17:00 11.00	
11.00 Clinic							

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 140089 Component CCN: 148522	Period: From 07/01/2015 To 06/30/2016	Worksheet S-8 Date/Time Prepared: 11/29/2016 3:15 pm Cost
		Rural Health Clinic (RHC) I	

	Friday		Saturday			
	from	to	from	to		
	11.00	08:30	17:00			

Facility hours of operations (1)

Clinic

08:30

17:00

11.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 140089 Component CCN: 141524	Period: From 07/01/2015 To 06/30/2016	Worksheet S-9 Parts I & II Date/Time Prepared: 11/29/2016 3:15 pm
		Hospice I		

	Unduplicated Days	Hospice I				Total (sum of cols. 1, 2 & 5)		
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			
		1.00	2.00	3.00	4.00			5.00
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	6,162	1,574	0	1,574	557	8,293	2.00
3.00	Inpatient Respite Care	4	0	0	0	4	8	3.00
4.00	General Inpatient Care	0	0	0	0	0	0	4.00
5.00	Total Hospice Days	6,166	1,574	0	1,574	561	8,301	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	126	6	0	6	8	140	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	48.94	262.33	0.00	262.33	70.13	59.29	8.00
9.00	Unduplicated Census Count	164	6	0	6	8	178	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet S-10 Date/Time Prepared: 11/29/2016 3:15 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.325543	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		2,550,950	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		3,141,739	5.00	
6.00	Medicaid charges		22,966,345	6.00	
7.00	Medicaid cost (line 1 times line 6)		7,476,533	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)		1,783,844	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,783,844	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	811,207	0	811,207	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	264,083	0	264,083	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	264,083	0	264,083	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			3,108,699	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			202,696	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			2,906,003	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			946,029	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			1,210,112	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			2,993,956	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet A
Date/Time Prepared:
11/29/2016 3:15 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	CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
1.01	00101	CAP REL COSTS-HOSPITAL		3,389,649	3,389,649	95,200	1.01
1.02	00102	CAP REL COSTS-HSB I		237,351	237,351	852	1.02
1.03	00103	CAP REL COSTS-HSB II		364,180	364,180	0	1.03
1.04	00104	CAP REL COSTS-REHAB CNT		36,105	36,105	0	1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS		0	0	0	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE		12,731	12,731	0	1.06
1.07	00107	CAP REL COSTS-MAB		78,495	78,495	0	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG		57,696	57,696	0	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN		0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG		163,100	163,100	0	1.10
3.00	00300	OTHER CAP REL COSTS		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	332,191	11,090,056	11,422,247	15,217	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,608,233	5,197,232	9,805,465	-101,532	5.00
6.00	00600	MAINTENANCE & REPAIRS	589,195	1,159,510	1,748,705	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	19,978	227,066	247,044	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	15,944	116,375	132,319	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	7,748	7,748	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	4,164	16,692	20,856	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	1,108	12,356	13,464	0	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	240	17,137	17,377	0	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	181,353	181,353	0	8.00
9.00	00900	HOUSEKEEPING	0	919,030	919,030	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	134,025	134,025	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	77,666	77,666	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	10,770	10,770	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	7,098	7,098	0	9.04
10.00	01000	DIETARY	0	910,655	910,655	382,854	10.00
11.00	01100	CAFETERIA	0	0	0	-382,854	11.00
13.00	01300	NURSING ADMINISTRATION	350,527	798	351,325	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	281,895	269,336	551,231	11,170	14.00
15.00	01500	PHARMACY	603,111	2,457,574	3,060,685	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	674,063	342,538	1,016,601	-9,737	16.00
17.00	01700	SOCIAL SERVICE	242,022	38,774	280,796	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	1,108,843	19.00
23.00	02300	PARAMED PRGM-CLOSED FY16	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,747,277	687,344	4,434,621	-761,738	30.00
31.00	03100	INTENSIVE CARE UNIT	711,864	38,864	750,728	0	31.00
40.00	04000	SUBPROVIDER - IPF	670,550	548,809	1,219,359	0	40.00
43.00	04300	NURSERY	0	0	0	370,164	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,204,857	713,887	1,918,744	0	50.00
51.00	05100	RECOVERY ROOM	514,555	149,440	663,995	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	380,404	52.00
53.00	05300	ANESTHESIOLOGY	1,470,648	177,997	1,648,645	-1,108,843	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,422,768	737,367	2,160,135	-686,916	54.00
57.00	05700	CT SCAN	0	0	0	686,916	57.00
58.00	05800	MRI	0	509,000	509,000	0	58.00
60.00	06000	LABORATORY	2,644,878	1,777,679	4,422,557	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	260,689	260,689	0	63.00
65.00	06500	RESPIRATORY THERAPY	734,203	141,395	875,598	-26,067	65.00
66.00	06600	PHYSICAL THERAPY	1,855,662	96,960	1,952,622	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	131,109	2,604	133,713	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 PATIENT	0	330,048	330,048	26,067	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,280,962	1,280,962	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	619,553	8,911	628,464	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	392,440	88,449	480,889	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	445,881	110,024	555,905	0	88.00
91.00	09100	EMERGENCY	1,544,148	2,528,360	4,072,508	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	778,864	85,427	864,291	0	95.00
101.00	10100	HOME HEALTH AGENCY	1,096,264	123,946	1,220,210	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet A
Date/Time Prepared:
11/29/2016 3:15 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	0	0	0	0	113.00
116.00	11600	HOSPICE	653,137	443,122	1,096,259	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	28,361,329	38,374,380	66,735,709	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	DAY HEALTH	130,232	31,518	161,750	0	194.00
194.01	07962	OUTREACH	151,679	38,875	190,554	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	153,215	203,626	356,841	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	102,921	692,310	795,231	0	194.05
194.06	07955	HOSPITALITY HOUSE	488	23,265	23,753	0	194.06
194.07	07956	HSK DIALYSIS	0	11,151	11,151	0	194.07
194.08	07957	LEASED SALARIES	24,618	141	24,759	0	194.08
194.09	07958	VISITING PHYSICIANS	9,924	0	9,924	0	194.09
194.10	07959	FARM LAND	0	467	467	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	355,772	229,064	584,836	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	6,843,626	1,370,486	8,214,112	0	194.12
194.13	07961	VALET PARKING SERVICE	39,042	2,122	41,164	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	39,044	226,823	265,867	0	194.14
200.00		TOTAL (SUM OF LINES 118-199)	36,211,890	41,204,228	77,416,118	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet A
Date/Time Prepared:
11/29/2016 3:15 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	00101	CAP REL COSTS-HOSPITAL	-1,670	3,483,179	1.01
1.02	00102	CAP REL COSTS-HSB I	-49,906	188,297	1.02
1.03	00103	CAP REL COSTS-HSB II	-32,584	331,596	1.03
1.04	00104	CAP REL COSTS-REHAB CNT	-1,933	34,172	1.04
1.05	00105	CAP REL COSTS-DIAYSI S	0	0	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	12,731	1.06
1.07	00107	CAP REL COSTS-MAB	-3,232	75,263	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	57,696	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	-13,987	149,113	1.10
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-4,379,749	7,057,715	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-528,228	9,175,705	5.00
6.00	00600	MAINTENANCE & REPAIRS	-12,228	1,736,477	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	247,044	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	132,319	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	7,748	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	20,856	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	13,464	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	17,377	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	181,353	8.00
9.00	00900	HOUSEKEEPING	0	919,030	9.00
9.01	00901	HOUSEKEEPING-HSB	0	134,025	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	77,666	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	10,770	9.03
9.04	00904	HOUSEKEEPING-MAB	0	7,098	9.04
10.00	01000	DIETARY	-47,613	1,245,896	10.00
11.00	01100	CAFETERIA	-1,235	-384,089	11.00
13.00	01300	NURSING ADMINISTRATION	0	351,325	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	562,401	14.00
15.00	01500	PHARMACY	0	3,060,685	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,729	1,016,593	16.00
17.00	01700	SOCIAL SERVICE	0	280,796	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-1,108,843	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-499,344	3,173,539	30.00
31.00	03100	INTENSIVE CARE UNIT	0	750,728	31.00
40.00	04000	SUBPROVIDER - IPF	0	1,219,359	40.00
43.00	04300	NURSERY	0	370,164	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,918,744	50.00
51.00	05100	RECOVERY ROOM	0	663,995	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	380,404	52.00
53.00	05300	ANESTHESIOLOGY	-426,555	113,247	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,473,219	54.00
57.00	05700	CT SCAN	0	686,916	57.00
58.00	05800	MRI	0	509,000	58.00
60.00	06000	LABORATORY	-860,150	3,562,407	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	260,689	63.00
65.00	06500	RESPIRATORY THERAPY	0	849,531	65.00
66.00	06600	PHYSICAL THERAPY	-8,295	1,944,327	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	133,713	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 PATIENT	-1,557	354,558	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,280,962	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	628,464	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	480,889	76.01
76.02	03951	FLU CLINIC	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	555,905	88.00
91.00	09100	EMERGENCY	-1,887,699	2,184,809	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-6,503	857,788	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,220,210	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet A
Date/Time Prepared:
11/29/2016 3:15 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	1,096,259	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-9,861,582	56,874,127	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	161,750	194.00
194.01	07962	OUTREACH	0	190,554	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	356,841	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	795,231	194.05
194.06	07955	HOSPITALITY HOUSE	0	23,753	194.06
194.07	07956	HSK DIALYSIS	0	11,151	194.07
194.08	07957	LEASED SALARIES	0	24,759	194.08
194.09	07958	VISITING PHYSICIANS	0	9,924	194.09
194.10	07959	FARM LAND	0	467	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	584,836	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	8,214,112	194.12
194.13	07961	VALET PARKING SERVICE	0	41,164	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	265,867	194.14
200.00		TOTAL (SUM OF LINES 118-199)	-9,861,582	67,554,536	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RECLASS OB SALARY					
1.00	NURSERY	43.00	370,164	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	380,404	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	11,170	0	3.00
TOTALS			761,738	0	
B - RECLASS FOOD SERVICE					
1.00	DIETARY	10.00	0	382,854	1.00
TOTALS			0	382,854	
D - RECLASS CT EXPENSE					
1.00	CT SCAN	57.00	509,195	177,721	1.00
TOTALS			509,195	177,721	
E - RECLASS CRNA SALARIES					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	1,034,087	74,756	1.00
TOTALS			1,034,087	74,756	
H - RECLASS COPY MACHINE EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9,737	1.00
TOTALS			0	9,737	
I - RECLASS O2 EXPENSE					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	26,067	1.00
TOTALS			0	26,067	
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
TOTALS			0	8,406	
Q - RECLASS MTEL LEASE OF PHONE SERVICE					
1.00	CAP REL COSTS-HOSPITAL	1.01	0	87,646	1.00
TOTALS			0	87,646	
T - RECLASS EMPLOYEE VACCINES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	15,217	1.00
TOTALS			0	15,217	
500.00	Grand Total: Increases		2,305,020	782,404	500.00

		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	761,738	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
TOTALS			761,738	0			
B - RECLASS FOOD SERVICE							
1.00	CAFETERIA	11.00	0	382,854	0		1.00
TOTALS			0	382,854			
D - RECLASS CT EXPENSE							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	509,195	177,721	0		1.00
TOTALS			509,195	177,721			
E - RECLASS CRNA SALARIES							
1.00	ANESTHESIOLOGY	53.00	1,034,087	74,756	0		1.00
TOTALS			1,034,087	74,756			
H - RECLASS COPY MACHINE EXPENSE							
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	9,737	0		1.00
TOTALS			0	9,737			
I - RECLASS O2 EXPENSE							
1.00	RESPIRATORY THERAPY	65.00	0	26,067	0		1.00
TOTALS			0	26,067			
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
TOTALS			0	8,406			
Q - RECLASS MITEL LEASE OF PHONE SERVICE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	87,646	10		1.00
TOTALS			0	87,646			
T - RECLASS EMPLOYEE VACCINES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	15,217	0		1.00
TOTALS			0	15,217			
500.00	Grand Total: Decreases		2,305,020	782,404			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-7
Part I
Date/Time Prepared:
11/29/2016 3:15 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	111,602	0	0	0	1.00
2.00	Land Improvements	2,798,736	75,906	0	75,906	2.00
3.00	Buildings and Fixtures	23,772,043	780,833	0	780,833	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	55,618,959	1,214,847	0	1,214,847	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	82,301,340	2,071,586	0	2,071,586	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	82,301,340	2,071,586	0	2,071,586	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	111,602	0			1.00
2.00	Land Improvements	2,874,642	0			2.00
3.00	Buildings and Fixtures	24,552,876	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	56,833,806	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	84,372,926	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	84,372,926	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-7
Part II
Date/Time Prepared:
11/29/2016 3:15 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	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-HOSPITAL	3,389,649	0	0	0	0	1.01
1.02	CAP REL COSTS-HSB I	237,351	0	0	0	0	1.02
1.03	CAP REL COSTS-HSB II	364,180	0	0	0	0	1.03
1.04	CAP REL COSTS-REHAB CNT	36,105	0	0	0	0	1.04
1.05	CAP REL COSTS-DIAGNOSIS	0	0	0	0	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	12,731	0	0	0	0	1.06
1.07	CAP REL COSTS-MAB	78,495	0	0	0	0	1.07
1.08	CAP REL COSTS-ORTHO BLDG	57,696	0	0	0	0	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	163,100	0	0	0	0	1.10
3.00	Total (sum of lines 1-2)	4,339,307	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	CAP REL COSTS-HOSPITAL	0	3,389,649				1.01
1.02	CAP REL COSTS-HSB I	0	237,351				1.02
1.03	CAP REL COSTS-HSB II	0	364,180				1.03
1.04	CAP REL COSTS-REHAB CNT	0	36,105				1.04
1.05	CAP REL COSTS-DIAGNOSIS	0	0				1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	12,731				1.06
1.07	CAP REL COSTS-MAB	0	78,495				1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	57,696				1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0				1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	163,100				1.10
3.00	Total (sum of lines 1-2)	0	4,339,307				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-7
Part III
Date/Time Prepared:
11/29/2016 3:15 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	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00
1.01	CAP REL COSTS-HOSPITAL	112,439,407	0	112,439,407	0.958102	0	1.01
1.02	CAP REL COSTS-HSB I	2,455,192	0	2,455,192	0.020921	0	1.02
1.03	CAP REL COSTS-HSB II	2,016,146	0	2,016,146	0.017180	0	1.03
1.04	CAP REL COSTS-REHAB CNT	168,641	0	168,641	0.001437	0	1.04
1.05	CAP REL COSTS-DIAYSIS	1,518	0	1,518	0.000013	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	31,617	0	31,617	0.000269	0	1.06
1.07	CAP REL COSTS-MAB	228,466	0	228,466	0.001947	0	1.07
1.08	CAP REL COSTS-ORTHO BLDG	8,950	0	8,950	0.000076	0	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	4,484	0	4,484	0.000038	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	1,950	0	1,950	0.000017	0	1.10
3.00	Total (sum of lines 1-2)	117,356,371	0	117,356,371	1.000000	0	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	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-HOSPITAL	0	0	0	3,389,486	86,139	1.01
1.02	CAP REL COSTS-HSB I	0	0	0	237,351	0	1.02
1.03	CAP REL COSTS-HSB II	0	0	0	364,180	0	1.03
1.04	CAP REL COSTS-REHAB CNT	0	0	0	36,105	0	1.04
1.05	CAP REL COSTS-DIAYSIS	0	0	0	0	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	12,731	0	1.06
1.07	CAP REL COSTS-MAB	0	0	0	78,495	0	1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	0	0	57,696	0	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	163,100	0	1.10
3.00	Total (sum of lines 1-2)	0	0	0	4,339,144	86,139	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	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-HOSPITAL	0	7,554	0	0	3,483,179	1.01
1.02	CAP REL COSTS-HSB I	0	852	-49,906	0	188,297	1.02
1.03	CAP REL COSTS-HSB II	0	0	-32,584	0	331,596	1.03
1.04	CAP REL COSTS-REHAB CNT	0	0	-1,933	0	34,172	1.04
1.05	CAP REL COSTS-DIAYSIS	0	0	0	0	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	0	12,731	1.06
1.07	CAP REL COSTS-MAB	0	0	-3,232	0	75,263	1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	0	0	0	57,696	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	-13,987	0	149,113	1.10
3.00	Total (sum of lines 1-2)	0	8,406	-101,642	0	4,332,047	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet A-8

Date/Time Prepared:
11/29/2016 3:15 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			3.00	4.00	5.00	
1.00	2.00	3.00	4.00	5.00		
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01 Investment income - CAP REL COSTS-HOSPITAL (chapter 2)			OCAP REL COSTS-HOSPITAL	1.01	0	1.01
1.02 Investment income - CAP REL COSTS-HSB I (chapter 2)			OCAP REL COSTS-HSB I	1.02	0	1.02
1.03 Investment income - CAP REL COSTS-HSB II (chapter 2)			OCAP REL COSTS-HSB II	1.03	0	1.03
1.04 Investment income - CAP REL COSTS-REHAB CNT (chapter 2)			OCAP REL COSTS-REHAB CNT	1.04	0	1.04
1.05 Investment income - CAP REL COSTS-DIAYSIS (chapter 2)			OCAP REL COSTS-DIAYSIS	1.05	0	1.05
1.06 Investment income - CAP REL COSTS-HOSPITALITY HOUSE (chapter 2)			OCAP REL COSTS-HOSPITALITY HOUSE	1.06	0	1.06
1.07 Investment income - CAP REL COSTS-MAB (chapter 2)			OCAP REL COSTS-MAB	1.07	0	1.07
1.08 Investment income - CAP REL COSTS-ORTHO BLDG (chapter 2)			OCAP REL COSTS-ORTHO BLDG	1.08	0	1.08
1.09 Investment income - CAP REL COSTS-CONVENIENCE CARE CLIN (chapter 2)			OCAP REL COSTS-CONVENIENCE CARE CLIN	1.09	0	1.09
1.10 Investment income - CAP REL COSTS-BUSHNELL OFFICE BLDG (chapter 2)			OCAP REL COSTS-BUSHNELL OFFICE BLDG	1.10	0	1.10
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0*** Cost Center Deleted ***	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0	0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-30,681	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)			0	0.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-163	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	-3,508,887			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0	0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00 Laundry and linen service			0	0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,235	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others			0	0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-1,557	MEDICAL SUPPLIES CHARGED TO PATIENT	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	9,729	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00 Vending machines			0	0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	-93,793	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

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center		Line #		
			1.00	2.00	3.00		
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01 Depreciation - CAP REL COSTS-HOSPITAL			0	CAP REL COSTS-HOSPITAL	1.01	0	26.01
26.02 Depreciation - CAP REL COSTS-HSB I			0	CAP REL COSTS-HSB I	1.02	0	26.02
26.03 Depreciation - CAP REL COSTS-HSB II			0	CAP REL COSTS-HSB II	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			0	CAP REL COSTS-DIAYSIS	1.05	0	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 CLIN			0	CAP REL COSTS-CONVENIENCE CARE CLIN	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	-1,108,843	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	-1,025	0	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01 TELEPHONE LEASE	A	-1,507	0	CAP REL COSTS-HOSPITAL	1.01	10	33.01
33.02		0	0		0.00	0	33.02
33.03 MAINTENANCE SERVICE REV	B	-12,228	0	MAINTENANCE & REPAIRS	6.00	0	33.03
33.04 PATHOLOGIST CONSULTING REV	B	-164,532	0	LABORATORY	60.00	0	33.04
33.05 MISCELLANEOUS REV	B	-3,843	0	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06		0	0		0.00	0	33.06
33.07 IHHA/AHA DUES	A	-25,624	0	ADMINISTRATIVE & GENERAL	5.00	0	33.07
33.08 EMPLOYEE RESTITUTION	B	-100	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.08
33.09 TELEPHONE ANSWERING	B	-1,440	0	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10		0	0		0.00	0	33.10
33.11		0	0		0.00	0	33.11
33.12 DAY HEALTH MEALS	B	-13,943	0	DIETARY	10.00	0	33.12
33.13		0	0		0.00	0	33.13
33.14 RADIOLOGY BILLING	B	-105,303	0	ADMINISTRATIVE & GENERAL	5.00	0	33.14
34.00 NUTRITION COUNSELING	B	-33,670	0	DIETARY	10.00	0	34.00
34.50 AMBULANCE OTHER REVENUE	B	-6,503	0	AMBULANCE SERVICES	95.00	0	34.50
35.00 KARE-A-LOT	B	-329	0	ADULTS & PEDIATRICS	30.00	0	35.00
35.50 CONSULTING-PT/OT	B	-8,295	0	PHYSICAL THERAPY	66.00	0	35.50
36.00 TELEPHONE SERVICES-SALARIES	A	-3,584	0	ADMINISTRATIVE & GENERAL	5.00	0	36.00
36.50 SELF INSUR EMPLOYEE HEALTH INSUR EXP	A	-3,982,420	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36.50

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00
37.00		0			0.00	0	37.00
38.00	CRNA EMPLOYEE BENEFITS	-126,883	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	38.00
38.50	PHYSICIAN PART B EMPLOYEE BENEFITS	-270,346	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	38.50
39.00	ADVERTISING	-262,685	ADMINISTRATIVE & GENERAL	5.00		0	39.00
39.50	NSF FEE	-250	ADMINISTRATIVE & GENERAL	5.00		0	39.50
40.00	NON-ALLOWABLE PROPERTY TAX	-13,987	CAP REL COSTS-BUSHNELL OFFICE BLDG	1.10		13	40.00
40.50	NON-ALLOWABLE PROPERTY TAX	-32,584	CAP REL COSTS-HSB II	1.03		13	40.50
41.00	NON-ALLOWABLE PROPERTY TAX	-1,933	CAP REL COSTS-REHAB CNT	1.04		13	41.00
41.50	NON-ALLOWABLE PROPERTY TAX	-3,232	CAP REL COSTS-MAB	1.07		13	41.50
42.50	NON-ALLOWABLE PROPERTY TAX	-49,906	CAP REL COSTS-HSB I	1.02		13	42.50
43.50		0		0.00		0	43.50
44.00		0		0.00		0	44.00
44.01		0		0.00		0	44.01
44.03		0		0.00		0	44.03
44.06		0		0.00		0	44.06
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	-9,861,582					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 07/01/2015
To 06/30/2016

Worksheet A-8-2

Date/Time Prepared:
11/29/2016 3:15 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	824,206	508,385	315,821	208,000	1,181	1.00
2.00	53.00	ANESTHESIOLOGY	420,273	420,273	0	0	0	2.00
3.00	91.00	EMERGENCY	350,412	350,412	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	356,188	356,188	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	142,827	142,827	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	6,282	6,282	0	0	0	6.00
7.00	91.00	EMERGENCY	1,537,287	1,537,287	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,637,475	3,321,654	315,821		1,181	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	118,100	5,905	15,128	5,797	12,243	1.00
2.00	53.00	ANESTHESIOLOGY	0	0	3,139	0	9,242	2.00
3.00	91.00	EMERGENCY	0	0	4,161	0	15,007	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	13,248	0	13,888	4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	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			118,100	5,905	35,676	5,797	50,380	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	4,691	128,588	187,233	695,618		1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	420,273		2.00
3.00	91.00	EMERGENCY	0	0	0	350,412		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	356,188		4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	142,827		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	6,282		6.00
7.00	91.00	EMERGENCY	0	0	0	1,537,287		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			4,691	128,588	187,233	3,508,887		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
		1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
1.01 00101	CAP REL COSTS-HOSPITAL	3,483,179	0	3,483,179	0	1.01
1.02 00102	CAP REL COSTS-HSB I	188,297	0	0	188,297	1.02
1.03 00103	CAP REL COSTS-HSB II	331,596	0	0	0	1.03
1.04 00104	CAP REL COSTS-REHAB CNT	34,172	0	0	0	1.04
1.05 00105	CAP REL COSTS-DIAGNOSIS	0	0	0	0	1.05
1.06 00106	CAP REL COSTS-HOSPITALITY HOUSE	12,731	0	0	0	1.06
1.07 00107	CAP REL COSTS-MAB	75,263	0	0	0	1.07
1.08 00108	CAP REL COSTS-ORTHO BLDG	57,696	0	0	0	1.08
1.09 00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	1.09
1.10 00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	149,113	0	0	0	1.10
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	7,057,715	0	20,957	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	9,175,705	0	884,710	55,727	128,616
6.00 00600	MAINTENANCE & REPAIRS	1,736,477	0	216,580	0	0
6.01 00601	MAINTENANCE & REPAIRS-HSB I	247,044	0	0	6,576	0
6.02 00602	MAINTENANCE & REPAIRS-HSB II	132,319	0	0	0	49,546
6.03 00603	MAINTENANCE & REPAIRS-REHAB CLINIC	7,748	0	0	0	0
6.04 00604	MAINTENANCE & REPAIRS-MAB	20,856	0	0	0	0
6.05 00605	MAINTENANCE & REPAIRS-ORTHO BLDG	13,464	0	0	0	0
6.06 00606	MAINTENANCE & REPAIRS-BUSHNELL	17,377	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	181,353	0	65,780	0	0
9.00 00900	HOUSEKEEPING	919,030	0	34,974	0	0
9.01 00901	HOUSEKEEPING-HSB	134,025	0	0	0	0
9.02 00902	HOUSEKEEPING-HSB II	77,666	0	0	0	0
9.03 00903	HOUSEKEEPING-ORTHO	10,770	0	0	0	0
9.04 00904	HOUSEKEEPING-MAB	7,098	0	0	0	0
10.00 01000	DIETARY	1,245,896	0	45,674	0	0
11.00 01100	CAFETERIA	-384,089	0	115,299	0	0
13.00 01300	NURSING ADMINISTRATION	351,325	0	1,021	0	0
14.00 01400	CENTRAL SERVICES & SUPPLY	562,401	0	108,920	0	0
15.00 01500	PHARMACY	3,060,685	0	26,486	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	1,016,593	0	64,913	0	0
17.00 01700	SOCIAL SERVICE	280,796	0	7,791	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00 02300	PARAMEDICAL PRGM-CLOSED FY16	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	3,173,539	0	461,126	0	0
31.00 03100	INTENSIVE CARE UNIT	750,728	0	73,724	0	0
40.00 04000	SUBPROVIDER - IPF	1,219,359	0	182,014	0	0
43.00 04300	NURSERY	370,164	0	16,075	0	0
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,918,744	0	138,688	0	0
51.00 05100	RECOVERY ROOM	663,995	0	45,419	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	380,404	0	34,294	0	0
53.00 05300	ANESTHESIOLOGY	113,247	0	5,443	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,473,219	0	170,362	0	0
57.00 05700	CT SCAN	686,916	0	7,740	0	0
58.00 05800	MRI	509,000	0	0	0	0
60.00 06000	LABORATORY	3,562,407	0	154,610	0	0
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	260,689	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	849,531	0	67,873	0	0
66.00 06600	PHYSICAL THERAPY	1,944,327	0	120,776	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	133,713	0	9,798	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 PATIENT	354,558	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	1,280,962	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	628,464	0	0	10,157	0
76.01 03950	DIABETES/WOUND CARE/COUMADIN CNTR	480,889	0	33,630	0	0
76.02 03951	FLU CLINIC	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	555,905	0	0	0	0
91.00 09100	EMERGENCY	2,184,809	0	334,839	0	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
		BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II		
		1.00	1.01	1.02	1.03		
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	857,788	0	22,964	0	0	95.00
101.00 10100	HOME HEALTH AGENCY	1,220,210	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
116.00 11600	HOSPICE	1,096,259	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	56,874,127	0	3,472,480	72,460	178,162	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	8,573	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	87,742	0	192.00
194.00 07950	DAY HEALTH	161,750	0	0	9,947	0	194.00
194.01 07962	OUTREACH	190,554	0	0	1,450	0	194.01
194.02 07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03 07952	FUND DEVELOPMENT	356,841	0	2,126	0	0	194.03
194.04 07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05 07954	PHYSICIAN SUPPORT	795,231	0	0	2,852	0	194.05
194.06 07955	HOSPITALITY HOUSE	23,753	0	0	0	0	194.06
194.07 07956	HSK DIALYSIS	11,151	0	0	0	0	194.07
194.08 07957	LEASED SALARIES	24,759	0	0	0	0	194.08
194.09 07958	VISITING PHYSICIANS	9,924	0	0	0	0	194.09
194.10 07959	FARM LAND	467	0	0	0	0	194.10
194.11 07963	CONVENIENCE CARE CLINIC	584,836	0	0	0	0	194.11
194.12 07960	MMG-PHYSICIAN OFFICES	8,214,112	0	0	13,846	153,434	194.12
194.13 07961	VALET PARKING SERVICE	41,164	0	0	0	0	194.13
194.14 07964	PAIN MANAGEMENT JOINT VENTURE	265,867	0	0	0	0	194.14
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)	67,554,536	0	3,483,179	188,297	331,596	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
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To 06/30/2016

Worksheet B
Part I
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Cost Center Description		CAPITAL RELATED COSTS						
		CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG		
		1.04	1.05	1.06	1.07	1.08		
GENERAL SERVICE COST CENTERS								
1.00	00100	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	34,172					1.04
1.05	00105	CAP REL COSTS-DIAYSIS	0	0				1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	0	12,731			1.06
1.07	00107	CAP REL COSTS-MAB	0	0	0	75,263		1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	0	57,696	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLIN	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	28,848	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-CLOSED FY16	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
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
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	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	34,172	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 PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
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	17,209	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
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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	10,454	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	34,172	0	0	27,663	28,848 118.00
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	47,600	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	12,731	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	28,848 194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0 194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0 194.14
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)	34,172	0	12,731	75,263	57,696 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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To 06/30/2016

Worksheet B
Part I
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Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG					
			1.09	1.10	4.00				
GENERAL SERVICE COST CENTERS									
1.00	00100	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 CLIN	0						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	149,113					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	7,107,520				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	6,369	986,231	11,237,358	11,237,358		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	126,097	2,079,154	412,897		6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	4,276	257,896	51,215		6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	3,412	185,277	36,794		6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	7,748	1,539		6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	891	21,747	4,319		6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	237	13,701	2,721		6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	51	17,428	3,461		6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	247,133	49,078		8.00
9.00	00900	HOUSEKEEPING	0	0	0	954,004	189,455		9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	134,025	26,616		9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	77,666	15,424		9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	10,770	2,139		9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	7,098	1,410		9.04
10.00	01000	DIETARY	0	0	0	1,291,570	256,492		10.00
11.00	01100	CAFETERIA	0	0	0	-268,790	0		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	75,018	427,364	84,870		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	62,720	734,041	145,772		14.00
15.00	01500	PHARMACY	0	0	129,075	3,216,246	638,711		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	144,260	1,225,766	243,424		16.00
17.00	01700	SOCIAL SERVICE	0	0	51,796	340,383	67,596		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
23.00	02300	PARAMED PRGM-CLOSED FY16	0	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	562,721	4,197,386	833,555		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	152,350	976,802	193,982		31.00
40.00	04000	SUBPROVIDER - IPF	0	0	143,508	1,544,881	306,796		40.00
43.00	04300	NURSERY	0	0	79,221	465,460	92,435		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	257,857	2,315,289	459,791		50.00
51.00	05100	RECOVERY ROOM	0	0	110,122	819,536	162,751		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	81,412	496,110	98,522		52.00
53.00	05300	ANESTHESIOLOGY	0	0	3,486	122,176	24,263		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	195,518	1,839,099	365,225		54.00
57.00	05700	CT SCAN	0	0	108,975	803,631	159,592		57.00
58.00	05800	MRI	0	0	0	509,000	101,082		58.00
60.00	06000	LABORATORY	0	0	457,242	4,174,259	828,962		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	260,689	51,770		63.00
65.00	06500	RESPIRATORY THERAPY	0	0	157,130	1,074,534	213,391		65.00
66.00	06600	PHYSICAL THERAPY	0	3,082	397,140	2,499,497	496,373		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	28,059	171,570	34,072		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 PATIENT	0	0	0	354,558	70,411		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,280,962	254,385		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	132,594	771,215	153,155		76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	83,988	598,507	118,857		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	139,662	95,425	790,992	157,082		88.00
91.00	09100	EMERGENCY	0	0	255,477	2,775,125	551,109		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	166,689	1,047,441	208,010		95.00
101.00	10100	HOME HEALTH AGENCY	0	0	234,617	1,472,036	292,330		101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
	CONVENIENCE CARE CLIN	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	139,781	1,246,494	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	149,113	5,427,376	54,824,834	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	8,573	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	135,342	192.00
194.00	07950	DAY HEALTH	0	0	27,872	199,569	194.00
194.01	07962	OUTREACH	0	0	32,462	224,466	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	32,790	391,757	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	22,027	820,110	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	104	36,588	194.06
194.07	07956	HSK DIALYSIS	0	0	0	11,151	194.07
194.08	07957	LEASED SALARIES	0	0	5,269	30,028	194.08
194.09	07958	VISITING PHYSICIANS	0	0	2,124	12,048	194.09
194.10	07959	FARM LAND	0	0	0	467	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	76,141	660,977	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	1,464,643	9,874,883	194.12
194.13	07961	VALET PARKING SERVICE	0	0	8,356	49,520	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	8,356	274,223	194.14
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	149,113	7,107,520	67,554,536	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part I
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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	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 CLIN						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	2,492,051					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	309,111				6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	222,071			6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	9,287		6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	26,066	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	69,434	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	36,916	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	48,210	0	0	0	0	10.00
11.00	01100	CAFETERIA	121,702	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,077	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	114,969	0	0	0	0	14.00
15.00	01500	PHARMACY	27,957	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	68,518	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	8,224	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	486,733	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	77,819	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	192,123	0	0	0	0	40.00
43.00	04300	NURSERY	16,968	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	146,391	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	47,941	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	36,198	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,746	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	179,824	0	0	0	0	54.00
57.00	05700	CT SCAN	8,170	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	163,197	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	71,642	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	127,483	0	0	9,287	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	10,342	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 PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	24,920	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	35,498	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	353,435	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	24,240	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	5,960	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

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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	
116.00	11600	HOSPICE	0	0	0	0	3,621	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,480,757	24,920	0	9,287	9,581	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,050	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	215,262	0	0	16,485	192.00
194.00	07950	DAY HEALTH	0	24,405	0	0	0	194.00
194.01	07962	OUTREACH	0	3,557	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	2,244	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	6,998	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	33,969	222,071	0	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
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)	2,492,051	309,111	222,071	9,287	26,066	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

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Part I
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Cost Center Description			MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHNELL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-HSB	
			6.05	6.06	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	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 CLIN						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	16,422					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	20,889				6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	365,645			8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,180,375		9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	160,641	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	98,950		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	34,473		14.00
15.00	01500	PHARMACY	0	0	0	3,830		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,745		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	638		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	71,967	282,166	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	17,030	36,388	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	88,736	0	40.00
43.00	04300	NURSERY	0	0	2,434	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	35,226	75,330	0	50.00
51.00	05100	RECOVERY ROOM	0	0	30,039	28,089	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	25,017	45,964	0	54.00
57.00	05700	CT SCAN	0	0	0	10,214	0	57.00
58.00	05800	MRI	0	0	2,691	0	0	58.00
60.00	06000	LABORATORY	0	0	1,768	61,923	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	4,709	42,772	0	65.00
66.00	06600	PHYSICAL THERAPY	0	451	12,392	38,942	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	14,044	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 PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	12,951	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	4,957	30,643	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	20,438	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	46,334	257,269	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	5,827	4,469	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						113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

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Cost Center Description			MAINTENANCE & REPAIRS-ORTHO BLDG 6.05	MAINTENANCE & REPAIRS-BUSHN ELL 6.06	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING-HSB 9.01	
116.00	11600	HOSPICE	0	0	339	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	20,889	260,730	1,160,585	12,951	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	111,868	192.00
194.00	07950	DAY HEALTH	0	0	0	0	12,683	194.00
194.01	07962	OUTREACH	0	0	0	638	1,849	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	103,643	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	3,637	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	76	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	19,152	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	16,422	0	1,196	0	17,653	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
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)	16,422	20,889	365,645	1,180,375	160,641	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

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Cost Center Description		HOUSEKEEPING- HSB I I	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA	
		9.02	9.03	9.04	10.00	11.00	
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	93,090					9.02
9.03	00903	0	12,909				9.03
9.04	00904	0	0	8,508			9.04
10.00	01000	0	0	0	1,695,222		10.00
11.00	01100	0	0	0	0	-147,088	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	768,410	0	30.00
31.00	03100	0	0	0	196,481	0	31.00
40.00	04000	0	0	0	299,291	0	40.00
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	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03550	0	0	0	0	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.02	03951	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
91.00	09100	0	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	1,945	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	1,182	0	0	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

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Cost Center Description		HOUSEKEEPING- HSB 11	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA	
118.00	SUBTOTALS (SUM OF LINES 1-117)	9.02	9.03	9.04	10.00	11.00	118.00
	NONREIMBURSABLE COST CENTERS	0	0	3,127	1,264,182	0	
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	5,381	0	0	192.00
194.00	07950 DAY HEALTH	0	0	0	431,040	0	194.00
194.01	07962 OUTREACH	0	0	0	0	0	194.01
194.02	07951 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952 FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954 PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955 HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956 HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957 LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958 VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959 FARM LAND	0	0	0	0	0	194.10
194.11	07963 CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960 MMG-PHYSICIAN OFFICES	93,090	12,909	0	0	0	194.12
194.13	07961 VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964 PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	-147,088	201.00
202.00	TOTAL (sum lines 118-201)	93,090	12,909	8,508	1,695,222	-147,088	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	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 CLIN						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	513,311					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,871	1,034,126				14.00
15.00	01500	PHARMACY	0	6,639	3,893,383			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	705	0	1,544,158		16.00
17.00	01700	SOCIAL SERVICE	0	312	0	0	417,153	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	508,440	47,970	0	1,371,774	248,873	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,913	0	5,473	58,027	31.00
40.00	04000	SUBPROVIDER - IPF	0	5,550	0	0	0	40.00
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	129,543	0	0	645	50.00
51.00	05100	RECOVERY ROOM	0	32,649	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	11,501	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,713	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	241,309	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	11,988	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	7,378	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	8,493	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	297	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 PATIENT	0	75,646	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	293,597	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,893,383	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	932	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	2,706	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	2,841	0	0	0	88.00
91.00	09100	EMERGENCY	0	56,563	0	166,911	11,928	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	2,463	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	9,202	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

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		
116.00	11600	HOSPICE	0	4,110	0	0	57,383	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	513,311	975,020	3,893,383	1,544,158	376,856	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	697	0	0	0	194.00
194.01	07962	OUTREACH	0	2,442	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	2,735	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	190	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	11	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	28	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	6,923	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	44,433	0	0	40,297	194.12
194.13	07961	VALET PARKING SERVICE	0	365	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	1,282	0	0	0	194.14
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)	513,311	1,034,126	3,893,383	1,544,158	417,153	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part I Date/Time Prepared: 11/29/2016 3:15 pm
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Cost Center Description		NONPHYSICIAN ANESTHETISTS	PARAMED PRGM-CLOSED FY16	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	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-DIAYSI S					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 CLIN					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-CLOSED FY16		0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	8,817,274	0	8,817,274
31.00	03100	INTENSIVE CARE UNIT	0	0	1,569,915	0	1,569,915
40.00	04000	SUBPROVIDER - IPF	0	0	2,437,377	0	2,437,377
43.00	04300	NURSERY	0	0	577,297	0	577,297
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	3,162,215	0	3,162,215
51.00	05100	RECOVERY ROOM	0	0	1,121,005	0	1,121,005
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	630,830	0	630,830
53.00	05300	ANESTHESIOLOGY	0	0	163,686	0	163,686
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,469,842	0	2,469,842
57.00	05700	CT SCAN	0	0	981,607	0	981,607
58.00	05800	MRI	0	0	612,773	0	612,773
60.00	06000	LABORATORY	0	0	5,471,418	0	5,471,418
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	324,447	0	324,447
65.00	06500	RESPIRATORY THERAPY	0	0	1,414,426	0	1,414,426
66.00	06600	PHYSICAL THERAPY	0	0	3,192,918	0	3,192,918
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	230,325	0	230,325
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 PATIENT	0	0	500,615	0	500,615
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,828,944	0	1,828,944
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,893,383	0	3,893,383
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	963,173	0	963,173
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	791,168	0	791,168
76.02	03951	FLU CLINIC	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	971,353	0	971,353
91.00	09100	EMERGENCY	0	0	4,218,674	0	4,218,674
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	1,292,450	0	1,292,450
101.00	10100	HOME HEALTH AGENCY	0	0	1,781,473	0	1,781,473

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part I
Date/Time Prepared:
11/29/2016 3:15 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM-CLOSED FY16	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	1,560,669	0	1,560,669
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	50,979,257	0	50,979,257
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	19,326	0	19,326
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	511,215	0	511,215
194.00	07950	DAY HEALTH	0	0	708,026	0	708,026
194.01	07962	OUTREACH	0	0	277,528	0	277,528
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0
194.03	07952	FUND DEVELOPMENT	0	0	474,535	0	474,535
194.04	07953	OUTSIDE LAUNDRY	0	0	103,643	0	103,643
194.05	07954	PHYSICIAN SUPPORT	0	0	993,800	0	993,800
194.06	07955	HOSPITALITY HOUSE	0	0	43,941	0	43,941
194.07	07956	HSK DIALYSIS	0	0	13,365	0	13,365
194.08	07957	LEASED SALARIES	0	0	55,171	0	55,171
194.09	07958	VISITING PHYSICIANS	0	0	14,441	0	14,441
194.10	07959	FARM LAND	0	0	560	0	560
194.11	07963	CONVENIENCE CARE CLINIC	0	0	799,163	0	799,163
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	12,317,971	0	12,317,971
194.13	07961	VALET PARKING SERVICE	0	0	59,719	0	59,719
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	329,963	0	329,963
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	-147,088	0	-147,088
202.00		TOTAL (sum lines 118-201)	0	0	67,554,536	0	67,554,536

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/29/2016 3:15 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II	
		0	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS						
1.00	00100	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 CLIN				1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG				1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	20,957	0	0
5.00	00500	ADMINISTRATIVE & GENERAL	0	884,710	55,727	128,616
6.00	00600	MAINTENANCE & REPAIRS	0	216,580	0	0
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	6,576	0
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	49,546
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	65,780	0	0
9.00	00900	HOUSEKEEPING	0	34,974	0	0
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0
10.00	01000	DIETARY	0	45,674	0	0
11.00	01100	CAFETERIA	0	115,299	0	0
13.00	01300	NURSING ADMINISTRATION	0	1,021	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	108,920	0	0
15.00	01500	PHARMACY	0	26,486	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	64,913	0	0
17.00	01700	SOCIAL SERVICE	0	7,791	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	461,126	0	0
31.00	03100	INTENSIVE CARE UNIT	0	73,724	0	0
40.00	04000	SUBPROVIDER - IPF	0	182,014	0	0
43.00	04300	NURSERY	0	16,075	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	138,688	0	0
51.00	05100	RECOVERY ROOM	0	45,419	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	34,294	0	0
53.00	05300	ANESTHESIOLOGY	0	5,443	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	170,362	0	0
57.00	05700	CT SCAN	0	7,740	0	0
58.00	05800	MRI	0	0	0	0
60.00	06000	LABORATORY	0	154,610	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	67,873	0	0
66.00	06600	PHYSICAL THERAPY	0	120,776	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	9,798	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	10,157	0
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	33,630	0	0
76.02	03951	FLU CLINIC	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
91.00	09100	EMERGENCY	0	334,839	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	22,964	0	0

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/29/2016 3:15 pm
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Cost Center Description		CAPITAL RELATED COSTS						
		CAP REL COSTS-REHAB CNT	CAP REL COSTS-DI AYSIS	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	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-DI AYSIS						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 CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	28,848	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-CLOSED FY16	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
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
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	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	34,172	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 PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
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	17,209	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part II
Date/Time Prepared:
11/29/2016 3:15 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	10,454	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	34,172	0	0	27,663	28,848 118.00
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	47,600	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	12,731	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	28,848 194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0 194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0 194.14
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)	34,172	0	12,731	75,263	57,696 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/29/2016 3:15 pm
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
			CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG				
			1.09	1.10				
GENERAL SERVICE COST CENTERS								
1.00	00100	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 CLIN						1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	49,805	49,805		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	6,369	1,075,422	6,912	1,082,334	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	216,580	884	39,768	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	6,576	30	4,933	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	49,546	24	3,544	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	148	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	6	416	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	2	262	6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	0	0	0	333	6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	65,780	0	4,727	8.00
9.00	00900	HOUSEKEEPING	0	0	34,974	0	18,247	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	2,563	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	1,486	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	206	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	136	9.04
10.00	01000	DIETARY	0	0	45,674	0	24,704	10.00
11.00	01100	CAFETERIA	0	0	115,299	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,021	526	8,174	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	108,920	440	14,040	14.00
15.00	01500	PHARMACY	0	0	26,486	905	61,517	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	64,913	1,011	23,445	16.00
17.00	01700	SOCIAL SERVICE	0	0	7,791	363	6,511	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	461,126	3,944	80,283	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	73,724	1,068	18,683	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	182,014	1,006	29,549	40.00
43.00	04300	NURSERY	0	0	16,075	555	8,903	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	138,688	1,807	44,285	50.00
51.00	05100	RECOVERY ROOM	0	0	45,419	772	15,675	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	34,294	571	9,489	52.00
53.00	05300	ANESTHESIOLOGY	0	0	5,443	24	2,337	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	170,362	1,370	35,176	54.00
57.00	05700	CT SCAN	0	0	7,740	764	15,371	57.00
58.00	05800	MRI	0	0	0	0	9,736	58.00
60.00	06000	LABORATORY	0	0	154,610	3,205	79,841	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	4,986	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	67,873	1,101	20,553	65.00
66.00	06600	PHYSICAL THERAPY	0	3,082	158,030	2,783	47,808	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	9,798	197	3,282	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 PATIENT	0	0	0	0	6,782	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	24,501	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	10,157	929	14,751	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	33,630	589	11,448	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	139,662	139,662	669	15,129	88.00
91.00	09100	EMERGENCY	0	0	334,839	1,791	53,080	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	22,964	1,168	20,034	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	17,209	1,644	28,156	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
	CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG				
	1.09	1.10				
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	0	10,454	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	149,113	3,962,898	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	8,573	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	135,342	192.00
194.00	07950	DAY HEALTH	0	0	9,947	194.00
194.01	07962	OUTREACH	0	0	1,450	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	2,126	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	2,852	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	12,731	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	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	196,128	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	194.14
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)	0	149,113	4,332,047	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140089		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/29/2016 3:15 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	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						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	257,232					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	11,539				6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	53,114			6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	148		6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	422	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	7,167	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,811	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	4,976	0	0	0	0	10.00
11.00	01100	CAFETERIA	12,562	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	111	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,867	0	0	0	0	14.00
15.00	01500	PHARMACY	2,886	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,072	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	849	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMEDICAL PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	50,241	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,033	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	19,831	0	0	0	0	40.00
43.00	04300	NURSERY	1,751	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	15,111	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	4,949	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,736	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	593	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,562	0	0	0	0	54.00
57.00	05700	CT SCAN	843	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	16,845	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	7,395	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	13,159	0	0	148	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,068	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 PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	930	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	3,664	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	36,482	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,502	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	96	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2015
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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	
116.00	11600	HOSPICE	0	0	0	0	59	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	256,066	930	0	148	155	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	934	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	8,036	0	0	267	192.00
194.00	07950	DAY HEALTH	0	911	0	0	0	194.00
194.01	07962	OUTREACH	0	133	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	232	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	261	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	1,268	53,114	0	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
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)	257,232	11,539	53,114	148	422	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140089		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/29/2016 3:15 pm	
Cost Center Description			MAINTENANCE & REPAIRS-ORTHO BLDG	MAINTENANCE & REPAIRS-BUSHNELL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-HSB	
			6.05	6.06	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	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 CLIN						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	264					6.05
6.06	00606	MAINTENANCE & REPAIRS-BUSHNELL	0	333				6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	77,674			8.00
9.00	00900	HOUSEKEEPING	0	0	0	57,032		9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	2,563	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	4,781		10.00
11.00	01100	CAFETERIA	0	0	0	0		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	1,666		14.00
15.00	01500	PHARMACY	0	0	0	185		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	278		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	31		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
23.00	02300	PARAMEDICAL PRGM-CLOSED FY16	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	15,288	13,631	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	3,618	1,758	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	4,287	0	40.00
43.00	04300	NURSERY	0	0	517	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	7,483	3,640	0	50.00
51.00	05100	RECOVERY ROOM	0	0	6,381	1,357	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	5,314	2,221	0	54.00
57.00	05700	CT SCAN	0	0	0	494	0	57.00
58.00	05800	MRI	0	0	572	0	0	58.00
60.00	06000	LABORATORY	0	0	376	2,992	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,000	2,067	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7	2,632	1,882	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	679	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 PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	207	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	1,053	1,481	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	326	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	9,843	12,430	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	1,238	216	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						113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet B
Part II
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Cost Center Description			MAINTENANCE & REPAIRS-ORTHO BLDG 6.05	MAINTENANCE & REPAIRS-BUSHN ELL 6.06	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING-HSB 9.01	
116.00	11600	HOSPICE	0	0	72	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	333	55,387	56,076	207	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	1,785	192.00
194.00	07950	DAY HEALTH	0	0	0	0	202	194.00
194.01	07962	OUTREACH	0	0	0	31	29	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	22,017	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	58	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	16	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	925	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	264	0	254	0	282	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
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)	264	333	77,674	57,032	2,563	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140089			Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/29/2016 3:15 pm	
Cost Center Description		HOUSEKEEPING-HSB I I	HOUSEKEEPING-ORTHO	HOUSEKEEPING-MAB	DIETARY	CAFETERIA		
		9.02	9.03	9.04	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	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 I I						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 CLIN						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 I I						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 I I	1,486					9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	206				9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	136			9.04
10.00	01000	DIETARY	0	0	0	80,135		10.00
11.00	01100	CAFETERIA	0	0	0	0	127,861	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-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	36,323	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	9,288	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	14,148	0	40.00
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	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	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
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						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	31	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	19	0	0	116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

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Cost Center Description		HOUSEKEEPING- HSB 11	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA	
118.00	SUBTOTALS (SUM OF LINES 1-117)	9.02	9.03	9.04	10.00	11.00	
		0	0	50	59,759	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	86	0	0	192.00
194.00	07950 DAY HEALTH	0	0	0	20,376	0	194.00
194.01	07962 OUTREACH	0	0	0	0	0	194.01
194.02	07951 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952 FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954 PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955 HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956 HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957 LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958 VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959 FARM LAND	0	0	0	0	0	194.10
194.11	07963 CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960 MMG-PHYSICIAN OFFICES	1,486	206	0	0	0	194.12
194.13	07961 VALET PARKING SERVICE	0	0	0	0	0	194.13
194.14	07964 PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	127,861	201.00
202.00	TOTAL (sum lines 118-201)	1,486	206	136	80,135	127,861	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/29/2016 3:15 pm
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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	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 CLIN						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	9,832					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	93	137,026				14.00
15.00	01500	PHARMACY	0	880	92,859			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	93	0	96,812		16.00
17.00	01700	SOCIAL SERVICE	0	41	0	0	15,586	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,739	6,356	0	86,004	9,298	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,049	0	343	2,168	31.00
40.00	04000	SUBPROVIDER - IPF	0	735	0	0	0	40.00
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	17,165	0	0	24	50.00
51.00	05100	RECOVERY ROOM	0	4,326	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,524	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,950	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	31,975	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,588	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	978	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,125	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	39	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 PATIENT	0	10,024	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	38,904	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	92,859	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	123	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	359	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	376	0	0	0	88.00
91.00	09100	EMERGENCY	0	7,495	0	10,465	446	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	326	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,219	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

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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		
116.00	11600	HOSPICE	0	545	0	0	2,144	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,832	129,195	92,859	96,812	14,080	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	92	0	0	0	194.00
194.01	07962	OUTREACH	0	324	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	362	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	25	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	1	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	4	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	917	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	5,888	0	0	1,506	194.12
194.13	07961	VALET PARKING SERVICE	0	48	0	0	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	170	0	0	0	194.14
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)	9,832	137,026	92,859	96,812	15,586	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/29/2016 3:15 pm		
Cost Center	Description	NONPHYSICIAN ANESTHETISTS	PARAMED PRGM-CLOSED FY16	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	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-DIAYSI S					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 CLIN					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-CLOSED FY16		0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		772,233	0	772,233	30.00
31.00	03100	INTENSIVE CARE UNIT		119,732	0	119,732	31.00
40.00	04000	SUBPROVIDER - IPF		251,570	0	251,570	40.00
43.00	04300	NURSERY		27,801	0	27,801	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		228,203	0	228,203	50.00
51.00	05100	RECOVERY ROOM		78,879	0	78,879	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		48,090	0	48,090	52.00
53.00	05300	ANESTHESIOLOGY		9,921	0	9,921	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		234,955	0	234,955	54.00
57.00	05700	CT SCAN		25,212	0	25,212	57.00
58.00	05800	MRI		10,308	0	10,308	58.00
60.00	06000	LABORATORY		289,844	0	289,844	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		6,574	0	6,574	63.00
65.00	06500	RESPIRATORY THERAPY		100,967	0	100,967	65.00
66.00	06600	PHYSICAL THERAPY		227,574	0	227,574	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		15,063	0	15,063	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 PATIENT		16,806	0	16,806	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		63,405	0	63,405	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		92,859	0	92,859	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		27,097	0	27,097	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR		52,224	0	52,224	76.01
76.02	03951	FLU CLINIC		0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC		156,162	0	156,162	88.00
91.00	09100	EMERGENCY		466,871	0	466,871	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES		48,448	0	48,448	95.00
101.00	10100	HOME HEALTH AGENCY		48,355	0	48,355	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

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Cost Center Description		NONPHYSICIAN ANESTHETISTS	PARAMED PRGM-CLOSED FY16	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		38,115	0	38,115	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	3,457,268	0	3,457,268	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		9,671	0	9,671	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		148,105	0	148,105	192.00
194.00	07950	DAY HEALTH		35,540	0	35,540	194.00
194.01	07962	OUTREACH		6,488	0	6,488	194.01
194.02	07951	OCCUPATIONAL MEDICINE		0	0	0	194.02
194.03	07952	FUND DEVELOPMENT		10,443	0	10,443	194.03
194.04	07953	OUTSIDE LAUNDRY		22,017	0	22,017	194.04
194.05	07954	PHYSICIAN SUPPORT		19,036	0	19,036	194.05
194.06	07955	HOSPITALITY HOUSE		13,449	0	13,449	194.06
194.07	07956	HSK DIALYSIS		213	0	213	194.07
194.08	07957	LEASED SALARIES		1,540	0	1,540	194.08
194.09	07958	VISITING PHYSICIANS		245	0	245	194.09
194.10	07959	FARM LAND		9	0	9	194.10
194.11	07963	CONVENIENCE CARE CLINIC		14,094	0	14,094	194.11
194.12	07960	MMG-PHYSICIAN OFFICES		459,540	0	459,540	194.12
194.13	07961	VALET PARKING SERVICE		1,054	0	1,054	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE		5,474	0	5,474	194.14
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	127,861	0	127,861	201.00
202.00		TOTAL (sum lines 118-201)	0	4,332,047	0	4,332,047	202.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet B-1 Date/Time Prepared: 11/29/2016 3:15 pm
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Cost Center Description		CAPITAL RELATED COSTS						
		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	CAP REL COSTS-BLDG & FIXT	204,764					1.00
1.01	00101	CAP REL COSTS-HOSPITAL	0	204,764				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	1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS	0	0	0	0	0	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	0	0	1.06
1.07	00107	CAP REL COSTS-MAB	0	0	0	0	0	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	0	0	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINIC	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	0	0	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,232	1,232	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	52,009	52,009	14,067	8,364	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	12,732	12,732	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	1,660	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	3,222	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	3,867	3,867	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,056	2,056	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	2,685	2,685	0	0	0	10.00
11.00	01100	CAFETERIA	6,778	6,778	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	60	60	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,403	6,403	0	0	0	14.00
15.00	01500	PHARMACY	1,557	1,557	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,816	3,816	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	458	458	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMEDICAL PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,108	27,108	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,334	4,334	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	10,700	10,700	0	0	0	40.00
43.00	04300	NURSERY	945	945	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	8,153	8,153	0	0	0	50.00
51.00	05100	RECOVERY ROOM	2,670	2,670	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,016	2,016	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	320	320	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,015	10,015	0	0	0	54.00
57.00	05700	CT SCAN	455	455	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	9,089	9,089	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,990	3,990	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,100	7,100	0	0	100	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	576	576	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 PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2,564	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	1,977	1,977	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	19,684	19,684	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	1,350	1,350	0	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 3:15 pm

Cost Center Description		CAPITAL RELATED COSTS						
		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)	204,135	204,135	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
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
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	3,483,179	188,297	331,596	34,172	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	17.010700	3.961562	15.377295	341.720000	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 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS					
		CAP REL COSTS-DIAYSIS (PER CENT)	CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLIN (PER CENT)	
		1.05	1.06	1.07	1.08	1.09	
GENERAL SERVICE COST CENTERS							
1.00	00100	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	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 CLIN	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 ED PRGM-CLOSED FY16	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
40.00	04000	SUBPROVIDER - IPF	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	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 PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	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					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 3:15 pm

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 CLIN (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	HEMODIALYSIS	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
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0	194.14
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	12,731	75,263	57,696	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	127.310000	9.918687	7.907895	0.000000	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 07/01/2015
To 06/30/2016

Worksheet B-1
Date/Time Prepared:
11/29/2016 3:15 pm

Cost Center Description	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconci liatio n	ADMI NI STRATI V E & GENERAL (ACCUM. COST)	MAI NTENANCE & REPAI RS (SQUARE FEET)	
	BUSHNELL OFFICE BLDG (SQUARE FEET)					
	1. 10	4. 00	5A	5. 00	6. 00	
GENERAL SERVICE COST CENTERS						
1. 00 00100	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 CLIN					1. 09
1. 10 00110	CAP REL COSTS-BUSHNELL OFFICE BLDG	5, 806				1. 10
4. 00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	33, 210, 354			4. 00
5. 00 00500	ADMINISTRATIVE & GENERAL	248	4, 608, 233	-11, 237, 358	56, 585, 968	5. 00
6. 00 00600	MAINTENANCE & REPAIRS	0	589, 195	0	2, 079, 154	138, 791 6. 00
6. 01 00601	MAINTENANCE & REPAIRS-HSB I	0	19, 978	0	257, 896	0 6. 01
6. 02 00602	MAINTENANCE & REPAIRS-HSB II	0	15, 944	0	185, 277	0 6. 02
6. 03 00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	7, 748	0 6. 03
6. 04 00604	MAINTENANCE & REPAIRS-MAB	0	4, 164	0	21, 747	0 6. 04
6. 05 00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	1, 108	0	13, 701	0 6. 05
6. 06 00606	MAINTENANCE & REPAIRS-BUSHNELL	0	240	0	17, 428	0 6. 06
8. 00 00800	LAUNDRY & LINEN SERVICE	0	0	0	247, 133	3, 867 8. 00
9. 00 00900	HOUSEKEEPING	0	0	0	954, 004	2, 056 9. 00
9. 01 00901	HOUSEKEEPING-HSB	0	0	0	134, 025	0 9. 01
9. 02 00902	HOUSEKEEPING-HSB II	0	0	0	77, 666	0 9. 02
9. 03 00903	HOUSEKEEPING-ORTHO	0	0	0	10, 770	0 9. 03
9. 04 00904	HOUSEKEEPING-MAB	0	0	0	7, 098	0 9. 04
10. 00 01000	DIETARY	0	0	0	1, 291, 570	2, 685 10. 00
11. 00 01100	CAFETERIA	0	0	268, 790	0	6, 778 11. 00
13. 00 01300	NURSING ADMINISTRATION	0	350, 527	0	427, 364	60 13. 00
14. 00 01400	CENTRAL SERVICES & SUPPLY	0	293, 065	0	734, 041	6, 403 14. 00
15. 00 01500	PHARMACY	0	603, 111	0	3, 216, 246	1, 557 15. 00
16. 00 01600	MEDICAL RECORDS & LIBRARY	0	674, 063	0	1, 225, 766	3, 816 16. 00
17. 00 01700	SOCIAL SERVICE	0	242, 022	0	340, 383	458 17. 00
19. 00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19. 00
23. 00 02300	PARAMED PRGM-CLOSED FY16	0	0	0	0	0 23. 00
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000	ADULTS & PEDIATRICS	0	2, 629, 351	0	4, 197, 386	27, 108 30. 00
31. 00 03100	INTENSIVE CARE UNIT	0	711, 864	0	976, 802	4, 334 31. 00
40. 00 04000	SUBPROVIDER - I/PF	0	670, 550	0	1, 544, 881	10, 700 40. 00
43. 00 04300	NURSERY	0	370, 164	0	465, 460	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, 204, 857	0	2, 315, 289	8, 153 50. 00
51. 00 05100	RECOVERY ROOM	0	514, 555	0	819, 536	2, 670 51. 00
52. 00 05200	DELIVERY ROOM & LABOR ROOM	0	380, 404	0	496, 110	2, 016 52. 00
53. 00 05300	ANESTHESIOLOGY	0	16, 288	0	122, 176	320 53. 00
54. 00 05400	RADIOLOGY-DIAGNOSTIC	0	913, 573	0	1, 839, 099	10, 015 54. 00
57. 00 05700	CT SCAN	0	509, 195	0	803, 631	455 57. 00
58. 00 05800	MRI	0	0	0	509, 000	0 58. 00
60. 00 06000	LABORATORY	0	2, 136, 493	0	4, 174, 259	9, 089 60. 00
63. 00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	260, 689	0 63. 00
65. 00 06500	RESPIRATORY THERAPY	0	734, 203	0	1, 074, 534	3, 990 65. 00
66. 00 06600	PHYSICAL THERAPY	120	1, 855, 662	0	2, 499, 497	7, 100 66. 00
67. 00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67. 00
68. 00 06800	SPEECH PATHOLOGY	0	131, 109	0	171, 570	576 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 PATIENT	0	0	0	354, 558	0 71. 00
72. 00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1, 280, 962	0 72. 00
73. 00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73. 00
76. 00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	619, 553	0	771, 215	0 76. 00
76. 01 03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	392, 440	0	598, 507	1, 977 76. 01
76. 02 03951	FLU CLINIC	0	0	0	0	0 76. 02
OUTPATIENT SERVICE COST CENTERS						
88. 00 08800	RURAL HEALTH CLINIC	5, 438	445, 881	0	790, 992	0 88. 00
91. 00 09100	EMERGENCY	0	1, 193, 736	0	2, 775, 125	19, 684 91. 00
92. 00 09200	OBSERVATION BEDS (NON-DISTINCT PART					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 3:15 pm

Cost Center Description		CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconci liatio n	ADMI NI STRATI V E & GENERAL (ACCUM. COST)	MAI NTENANCE & REPAI RS (SQUARE FEET)		
		BUSHNELL OFFICE BLDG (SQUARE FEET)						
		1. 10	4. 00	5A	5. 00	6. 00		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	778,864	0	1,047,441	1,350	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,096,264	0	1,472,036	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	653,137	0	1,246,494	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,806	25,359,793	-10,968,568	43,856,266	138,162	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	8,573	504	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	135,342	0	192.00
194.00	07950	DAY HEALTH	0	130,232	0	199,569	0	194.00
194.01	07962	OUTREACH	0	151,679	0	224,466	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	153,215	0	391,757	125	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	102,921	0	820,110	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	488	0	36,588	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	11,151	0	194.07
194.08	07957	LEASED SALARIES	0	24,618	0	30,028	0	194.08
194.09	07958	VISITING PHYSICIANS	0	9,924	0	12,048	0	194.09
194.10	07959	FARM LAND	0	0	0	467	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	355,772	0	660,977	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	6,843,626	0	9,874,883	0	194.12
194.13	07961	VALET PARKING SERVICE	0	39,042	0	49,520	0	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	39,044	0	274,223	0	194.14
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)	149,113	7,107,520		11,237,358	2,492,051	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.682570	0.214015		0.198589	17.955422	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		49,805		1,082,334	257,232	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.001500		0.019127	1.853377	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

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	
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
40.00	04000	0	0	0	0	0	40.00
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 07/01/2015
To 06/30/2016

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
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	0 194.14
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)	309,111	222,071	9,287	26,066	16,422 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.719249	22.256063	92.870000	3.435161	4.501645 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	11,539	53,114	148	422	264 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.362816	5.323111	1.480000	0.055614	0.072368 205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140089		Period: From 07/01/2015 To 06/30/2016		Worksheet B-1	
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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	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 CLIN					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	5,558				6.06
8.00	00800	LAUNDRY & LINEN SERVICE	0	270,514			8.00
9.00	00900	HOUSEKEEPING	0	0	1,849		9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	31,804	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	9,978
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	155	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	54	0	0
15.00	01500	PHARMACY	0	0	6	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	9	0	0
17.00	01700	SOCIAL SERVICE	0	0	1	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-CLOSED FY16	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	53,243	442	0	0
31.00	03100	INTENSIVE CARE UNIT	0	12,599	57	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	139	0	0
43.00	04300	NURSERY	0	1,801	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	26,061	118	0	0
51.00	05100	RECOVERY ROOM	0	22,224	44	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	18,508	72	0	0
57.00	05700	CT SCAN	0	0	16	0	0
58.00	05800	MRI	0	1,991	0	0	0
60.00	06000	LABORATORY	0	1,308	97	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	3,484	67	0	0
66.00	06600	PHYSICAL THERAPY	120	9,168	61	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	22	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 PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	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	2,564	0
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	3,667	48	0	0
76.02	03951	FLU CLINIC	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	5,438	0	0	0	0
91.00	09100	EMERGENCY	0	34,279	403	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	4,311	7	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

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	
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	1,818	2,564	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	22,148	192.00
194.00	07950	DAY HEALTH	0	0	0	2,511	194.00
194.01	07962	OUTREACH	0	0	1	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	30	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
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	0	194.14
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)	20,889	365,645	1,180,375	160,641	93,090
203.00		Unit cost multiplier (Wkst. B, Part I)	3.758366	1.351668	638.385614	5.050968	9.329525
204.00		Cost to be allocated (per Wkst. B, Part II)	333	77,674	57,032	2,563	1,486
205.00		Unit cost multiplier (Wkst. B, Part II)	0.059914	0.287135	30.844781	0.080587	0.148928

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140089		Period: From 07/01/2015 To 06/30/2016		Worksheet B-1	
Date/Time Prepared: 11/29/2016 3:15 pm							
Cost Center	Description	HOUSEKEEPING- ORTHO (SQUARE FEET)	HOUSEKEEPING- MAB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSIN)	
		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	2,226			10.00
11.00	01100	0	0	0	45,512		11.00
13.00	01300	0	0	0	406	1,897	13.00
14.00	01400	0	0	0	868	18	14.00
15.00	01500	0	0	0	691	0	15.00
16.00	01600	0	0	0	1,653	0	16.00
17.00	01700	0	0	0	479	0	17.00
19.00	01900	0	0	0	411	0	19.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	1,009	5,057	1,879	30.00
31.00	03100	0	0	258	1,211	0	31.00
40.00	04000	0	0	393	1,702	0	40.00
43.00	04300	0	0	0	583	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	2,129	0	50.00
51.00	05100	0	0	0	952	0	51.00
52.00	05200	0	0	0	599	0	52.00
53.00	05300	0	0	0	125	0	53.00
54.00	05400	0	0	0	1,749	0	54.00
57.00	05700	0	0	0	730	0	57.00
58.00	05800	0	0	0	0	0	58.00
60.00	06000	0	0	0	3,502	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	0	0	1,226	0	65.00
66.00	06600	0	0	0	2,701	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	174	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	0	0	0	1,352	0	76.00
76.01	03950	0	0	0	649	0	76.01
76.02	03951	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	673	0	88.00
91.00	09100	0	0	0	2,480	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	2,051	0	95.00
101.00	10100	0	1,735	0	1,592	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 3:15 pm

Cost Center Description		HOUSEKEEPING- ORTHO (SQUARE FEET)	HOUSEKEEPING- MAB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSIN)	
		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	918	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	2,789	1,660	36,663	1,897 118.00
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	566	285	0 194.00
194.01	07962	OUTREACH	0	0	0	352	0 194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0 194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	305	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	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	45	0 194.09
194.10	07959	FARM LAND	0	0	0	0	0 194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	724	0 194.11
194.12	07960	MMG-PHYSICIAN OFFICES	3,648	0	0	6,824	0 194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	170	0 194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	0	0	0	44	0 194.14
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)	12,909	8,508	1,695,222	-147,088	513,311 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.538651	1.121244	761.555256	0.000000	270.590933 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	206	136	80,135	127,861	9,832 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.056469	0.017923	35.999551	2.809391	5.182920 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 3:15 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	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-DIAYSI S						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 CLIN						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	4,511,943					14.00
15.00	01500	PHARMACY	28,965	100				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,078	0	1,693			16.00
17.00	01700	SOCIAL SERVICE	1,360	0	0	1,294		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED PRGM-CLOSED FY16	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	209,297	0	1,504	772	0	30.00
31.00	03100	INTENSIVE CARE UNIT	34,525	0	6	180	0	31.00
40.00	04000	SUBPROVIDER - IPF	24,214	0	0	0	0	40.00
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	565,202	0	0	2	0	50.00
51.00	05100	RECOVERY ROOM	142,448	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	50,181	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,194	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	1,052,846	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	52,304	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	32,192	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	37,057	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,297	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 PATIENT	330,048	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,280,962	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,066	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	11,807	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	12,397	0	0	0	0	88.00
91.00	09100	EMERGENCY	246,788	0	183	37	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	10,746	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	40,148	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 3:15 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	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	17,934	0	0	178	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,254,056	100	1,693	1,169	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	3,043	0	0	0	0 194.00
194.01	07962	OUTREACH	10,654	0	0	0	0 194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0 194.02
194.03	07952	FUND DEVELOPMENT	11,934	0	0	0	0 194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0 194.04
194.05	07954	PHYSICIAN SUPPORT	829	0	0	0	0 194.05
194.06	07955	HOSPITALITY HOUSE	46	0	0	0	0 194.06
194.07	07956	HSK DIALYSIS	0	0	0	0	0 194.07
194.08	07957	LEASED SALARIES	123	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	30,207	0	0	0	0 194.11
194.12	07960	MMG-PHYSICIAN OFFICES	193,862	0	0	125	0 194.12
194.13	07961	VALET PARKING SERVICE	1,594	0	0	0	0 194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	5,595	0	0	0	0 194.14
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,034,126	3,893,383	1,544,158	417,153	0 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.229197	38,933.830000	912.083875	322.374807	0.000000 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	137,026	92,859	96,812	15,586	0 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.030370	928.590000	57.183698	12.044822	0.000000 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1
Date/Time Prepared:
11/29/2016 3:15 pm

Cost Center Description		PARAMED PRGM-CLOSED FY16 (ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	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-DIAYSI S	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 CLIN	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-CLOSED FY16	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	76.01
76.02	03951	FLU CLINIC	76.02
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
101.00	10100	HOME HEALTH AGENCY	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet B-1

Date/Time Prepared:
11/29/2016 3:15 pm

Cost Center Description		PARAMED PRGM-CLOSED FY16 (ASSIGNED TIME) 23.00	
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	DAY HEALTH	194.00
194.01	07962	OUTREACH	194.01
194.02	07951	OCCUPATIONAL MEDICINE	194.02
194.03	07952	FUND DEVELOPMENT	194.03
194.04	07953	OUTSIDE LAUNDRY	194.04
194.05	07954	PHYSICIAN SUPPORT	194.05
194.06	07955	HOSPITALITY HOUSE	194.06
194.07	07956	HSK DIALYSIS	194.07
194.08	07957	LEASED SALARIES	194.08
194.09	07958	VISITING PHYSICIANS	194.09
194.10	07959	FARM LAND	194.10
194.11	07963	CONVENIENCE CARE CLINIC	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	194.12
194.13	07961	VALET PARKING SERVICE	194.13
194.14	07964	PAIN MANAGEMENT JOINT VENTURE	194.14
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)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet C
Part I
Date/Time Prepared:
11/29/2016 3:15 pm

		Title XVII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,817,274		8,817,274	0	8,817,274	30.00
31.00	03100	INTENSIVE CARE UNIT	1,569,915		1,569,915	0	1,569,915	31.00
40.00	04000	SUBPROVIDER - IPF	2,437,377		2,437,377	0	2,437,377	40.00
43.00	04300	NURSERY	577,297		577,297	0	577,297	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,162,215		3,162,215	0	3,162,215	50.00
51.00	05100	RECOVERY ROOM	1,121,005		1,121,005	0	1,121,005	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	630,830		630,830	0	630,830	52.00
53.00	05300	ANESTHESIOLOGY	163,686		163,686	0	163,686	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,469,842		2,469,842	0	2,469,842	54.00
57.00	05700	CT SCAN	981,607		981,607	0	981,607	57.00
58.00	05800	MRI	612,773		612,773	0	612,773	58.00
60.00	06000	LABORATORY	5,471,418		5,471,418	187,233	5,658,651	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	324,447		324,447	0	324,447	63.00
65.00	06500	RESPIRATORY THERAPY	1,414,426	0	1,414,426	0	1,414,426	65.00
66.00	06600	PHYSICAL THERAPY	3,192,918	0	3,192,918	0	3,192,918	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	230,325	0	230,325	0	230,325	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 PATIENT	500,615		500,615	0	500,615	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,828,944		1,828,944	0	1,828,944	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,893,383		3,893,383	0	3,893,383	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	963,173		963,173	0	963,173	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	791,168		791,168	0	791,168	76.01
76.02	03951	FLU CLINIC	0		0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	971,353		971,353	0	971,353	88.00
91.00	09100	EMERGENCY	4,218,674		4,218,674	0	4,218,674	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,510,905		1,510,905		1,510,905	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,292,450		1,292,450	0	1,292,450	95.00
101.00	10100	HOME HEALTH AGENCY	1,781,473		1,781,473		1,781,473	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,560,669		1,560,669		1,560,669	116.00
200.00		Subtotal (see instructions)	52,490,162	0	52,490,162	187,233	52,677,395	200.00
201.00		Less Observation Beds	1,510,905		1,510,905		1,510,905	201.00
202.00		Total (see instructions)	50,979,257	0	50,979,257	187,233	51,166,490	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140089		Period: From 07/01/2015 To 06/30/2016		Worksheet C Part I Date/Time Prepared: 11/29/2016 3:15 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00	9.00	10.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,341,250		7,341,250		30.00	
31.00	03100	INTENSIVE CARE UNIT	1,515,326		1,515,326		31.00	
40.00	04000	SUBPROVIDER - I PF	1,523,648		1,523,648		40.00	
43.00	04300	NURSERY	415,351		415,351		43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,429,253	11,821,373	14,250,626	0.221900	50.00	
51.00	05100	RECOVERY ROOM	562,795	5,519,863	6,082,658	0.184295	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	739,036	0	739,036	0.853585	52.00	
53.00	05300	ANESTHESIOLOGY	460,098	2,633,801	3,093,899	0.052906	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	605,986	8,170,379	8,776,365	0.281420	54.00	
57.00	05700	CT SCAN	1,440,007	15,294,242	16,734,249	0.058659	57.00	
58.00	05800	MRI	126,550	5,178,150	5,304,700	0.115515	58.00	
60.00	06000	LABORATORY	4,271,627	24,226,335	28,497,962	0.191993	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	448,657	821,211	1,269,868	0.255497	63.00	
65.00	06500	RESPIRATORY THERAPY	2,023,248	5,568,121	7,591,369	0.186320	65.00	
66.00	06600	PHYSICAL THERAPY	888,268	6,987,797	7,876,065	0.405395	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	44,163	498,160	542,323	0.424701	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,225,773	3,165,305	4,391,078	0.114007	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,957,613	974,333	2,931,946	0.623799	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	2,208,242	5,902,943	8,111,185	0.480002	73.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	450	1,207,128	1,207,578	0.797607	76.00	
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	5,182	740,601	745,783	1.060856	76.01	
76.02	03951	FLU CLINIC	0	0	0	0.000000	76.02	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	991,809	991,809		88.00	
91.00	09100	EMERGENCY	2,361,030	16,584,441	18,945,471	0.222675	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	371,105	1,027,485	1,398,590	1.080306	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	3,458,035	3,458,035	0.373753	95.00	
101.00	10100	HOME HEALTH AGENCY	0	1,250,809	1,250,809		101.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE					113.00	
116.00	11600	HOSPICE	0	1,610,532	1,610,532		116.00	
200.00		Subtotal (see instructions)	32,964,658	123,632,853	156,597,511		200.00	
201.00		Less Observation Beds					201.00	
202.00		Total (see instructions)	32,964,658	123,632,853	156,597,511		202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/29/2016 3:15 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
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.221900		50.00
51.00	05100 RECOVERY ROOM	0.184295		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.853585		52.00
53.00	05300 ANESTHESIOLOGY	0.052906		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.281420		54.00
57.00	05700 CT SCAN	0.058659		57.00
58.00	05800 MRI	0.115515		58.00
60.00	06000 LABORATORY	0.198563		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.255497		63.00
65.00	06500 RESPIRATORY THERAPY	0.186320		65.00
66.00	06600 PHYSICAL THERAPY	0.405395		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.424701		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 PATIENT	0.114007		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.623799		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.480002		73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.797607		76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	1.060856		76.01
76.02	03951 FLU CLINIC	0.000000		76.02
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
91.00	09100 EMERGENCY	0.222675		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.080306		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.373753		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 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/29/2016 3:15 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		8,817,274	0	8,817,274
31.00	03100 INTENSIVE CARE UNIT		1,569,915	0	1,569,915
40.00	04000 SUBPROVIDER - IPF		2,437,377	0	2,437,377
43.00	04300 NURSERY		577,297	0	577,297
44.00	04400 SKILLED NURSING FACILITY		0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		3,162,215	0	3,162,215
51.00	05100 RECOVERY ROOM		1,121,005	0	1,121,005
52.00	05200 DELIVERY ROOM & LABOR ROOM		630,830	0	630,830
53.00	05300 ANESTHESIOLOGY		163,686	0	163,686
54.00	05400 RADIOLOGY-DIAGNOSTIC		2,469,842	0	2,469,842
57.00	05700 CT SCAN		981,607	0	981,607
58.00	05800 MRI		612,773	0	612,773
60.00	06000 LABORATORY		5,471,418	187,233	5,658,651
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		324,447	0	324,447
65.00	06500 RESPIRATORY THERAPY	0	1,414,426	0	1,414,426
66.00	06600 PHYSICAL THERAPY	0	3,192,918	0	3,192,918
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800 SPEECH PATHOLOGY	0	230,325	0	230,325
69.00	06900 ELECTROCARDIOLOGY		0	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		500,615	0	500,615
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		1,828,944	0	1,828,944
73.00	07300 DRUGS CHARGED TO PATIENTS		3,893,383	0	3,893,383
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		963,173	0	963,173
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR		791,168	0	791,168
76.02	03951 FLU CLINIC		0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC		971,353	0	971,353
91.00	09100 EMERGENCY		4,218,674	0	4,218,674
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		1,510,905	0	1,510,905
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES		1,292,450	0	1,292,450
101.00	10100 HOME HEALTH AGENCY		1,781,473	0	1,781,473
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				
116.00	11600 HOSPICE		1,560,669		1,560,669
200.00	Subtotal (see instructions)	0	52,490,162	187,233	52,677,395
201.00	Less Observation Beds		1,510,905		1,510,905
202.00	Total (see instructions)	0	50,979,257	187,233	51,166,490

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140089		Period: From 07/01/2015 To 06/30/2016		Worksheet C Part I Date/Time Prepared: 11/29/2016 3:15 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	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,341,250		7,341,250			30.00
31.00	03100	INTENSIVE CARE UNIT	1,515,326		1,515,326			31.00
40.00	04000	SUBPROVIDER - I PF	1,523,648		1,523,648			40.00
43.00	04300	NURSERY	415,351		415,351			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,429,253	11,821,373	14,250,626	0.221900	0.000000	50.00
51.00	05100	RECOVERY ROOM	562,795	5,519,863	6,082,658	0.184295	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	739,036	0	739,036	0.853585	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	460,098	2,633,801	3,093,899	0.052906	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	605,986	8,170,379	8,776,365	0.281420	0.000000	54.00
57.00	05700	CT SCAN	1,440,007	15,294,242	16,734,249	0.058659	0.000000	57.00
58.00	05800	MRI	126,550	5,178,150	5,304,700	0.115515	0.000000	58.00
60.00	06000	LABORATORY	4,271,627	24,226,335	28,497,962	0.191993	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	448,657	821,211	1,269,868	0.255497	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	2,023,248	5,568,121	7,591,369	0.186320	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	888,268	6,987,797	7,876,065	0.405395	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	44,163	498,160	542,323	0.424701	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,225,773	3,165,305	4,391,078	0.114007	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,957,613	974,333	2,931,946	0.623799	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,208,242	5,902,943	8,111,185	0.480002	0.000000	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	450	1,207,128	1,207,578	0.797607	0.000000	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	5,182	740,601	745,783	1.060856	0.000000	76.01
76.02	03951	FLU CLINIC	0	0	0	0.000000	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	991,809	991,809	0.979375	0.000000	88.00
91.00	09100	EMERGENCY	2,361,030	16,584,441	18,945,471	0.222675	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	371,105	1,027,485	1,398,590	1.080306	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	3,458,035	3,458,035	0.373753	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,250,809	1,250,809			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,610,532	1,610,532			116.00
200.00		Subtotal (see instructions)	32,964,658	123,632,853	156,597,511			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	32,964,658	123,632,853	156,597,511			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet C
Part I
Date/Time Prepared:
11/29/2016 3:15 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
40.00	04000 SUBPROVIDER - IPF				40.00
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 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 PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
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 07/01/2015 To 06/30/2016		Worksheet D Part I Date/Time Prepared: 11/29/2016 3:15 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)	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00		
30.00	ADULTS & PEDIATRICS	772,233	5,709	766,524	4,860	157.72	30.00	
31.00	INTENSIVE CARE UNIT	119,732		119,732	567	211.17	31.00	
40.00	SUBPROVIDER - IPF	251,570	0	251,570	1,287	195.47	40.00	
43.00	NURSERY	27,801		27,801	722	38.51	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
200.00	Total (Lines 30-199)	1,171,336		1,165,627	7,436		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	1,807	285,000					30.00
31.00	INTENSIVE CARE UNIT	349	73,698					31.00
40.00	SUBPROVIDER - IPF	937	183,155					40.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (Lines 30-199)	3,093	541,853					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part II Date/Time Prepared: 11/29/2016 3:15 pm
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Cost Center Description		Capital Related Cost (from Wkst. C, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	228,203	14,250,626	0.016014	861,118	13,790	50.00
51.00	05100 RECOVERY ROOM	78,879	6,082,658	0.012968	185,912	2,411	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	48,090	739,036	0.065071	3,820	249	52.00
53.00	05300 ANESTHESIOLOGY	9,921	3,093,899	0.003207	118,903	381	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	234,955	8,776,365	0.026771	395,887	10,598	54.00
57.00	05700 CT SCAN	25,212	16,734,249	0.001507	974,691	1,469	57.00
58.00	05800 MRI	10,308	5,304,700	0.001943	73,945	144	58.00
60.00	06000 LABORATORY	289,844	28,497,962	0.010171	2,391,589	24,325	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	6,574	1,269,868	0.005177	242,935	1,258	63.00
65.00	06500 RESPIRATORY THERAPY	100,967	7,591,369	0.013300	1,037,341	13,797	65.00
66.00	06600 PHYSICAL THERAPY	227,574	7,876,065	0.028894	359,749	10,395	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	15,063	542,323	0.027775	28,652	796	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	16,806	4,391,078	0.003827	805,896	3,084	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	63,405	2,931,946	0.021626	820,135	17,736	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	92,859	8,111,185	0.011448	970,791	11,114	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	27,097	1,207,578	0.022439	340	8	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	52,224	745,783	0.070026	2,754	193	76.01
76.02	03951 FLU CLINIC	0	0	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	156,162	991,809	0.157452	0	0	88.00
91.00	09100 EMERGENCY	466,871	18,945,471	0.024643	1,008,208	24,845	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	132,328	1,398,590	0.094615	240,493	22,754	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	2,283,342	139,482,560		10,523,159	159,347	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140089		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part III Date/Time Prepared: 11/29/2016 3:15 pm	
Title XVIII			Hospital			PPS		
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
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	4,860	0.00	1,807	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	567	0.00	349	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	1,287	0.00	937	0	0	40.00
43.00	04300	NURSERY	722	0.00	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
200.00		Total (lines 30-199)	7,436		3,093	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet D
Part IV
Date/Time Prepared:
11/29/2016 3:15 pm

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	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	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	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
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						95.00	
200.00		Total (lines 50-199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet D
Part IV
Date/Time Prepared:
11/29/2016 3:15 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	14,250,626	0.000000	0.000000	861,118	50.00
51.00	05100	RECOVERY ROOM	0	6,082,658	0.000000	0.000000	185,912	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	739,036	0.000000	0.000000	3,820	52.00
53.00	05300	ANESTHESIOLOGY	0	3,093,899	0.000000	0.000000	118,903	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,776,365	0.000000	0.000000	395,887	54.00
57.00	05700	CT SCAN	0	16,734,249	0.000000	0.000000	974,691	57.00
58.00	05800	MRI	0	5,304,700	0.000000	0.000000	73,945	58.00
60.00	06000	LABORATORY	0	28,497,962	0.000000	0.000000	2,391,589	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,269,868	0.000000	0.000000	242,935	63.00
65.00	06500	RESPIRATORY THERAPY	0	7,591,369	0.000000	0.000000	1,037,341	65.00
66.00	06600	PHYSICAL THERAPY	0	7,876,065	0.000000	0.000000	359,749	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	542,323	0.000000	0.000000	28,652	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,391,078	0.000000	0.000000	805,896	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,931,946	0.000000	0.000000	820,135	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,111,185	0.000000	0.000000	970,791	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,207,578	0.000000	0.000000	340	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	745,783	0.000000	0.000000	2,754	76.01
76.02	03951	FLU CLINIC	0	0	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	991,809	0.000000	0.000000	0	88.00
91.00	09100	EMERGENCY	0	18,945,471	0.000000	0.000000	1,008,208	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,398,590	0.000000	0.000000	240,493	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	139,482,560			10,523,159	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet D
Part IV
Date/Time Prepared:
11/29/2016 3:15 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	2,995,058	0	50.00
51.00	05100 RECOVERY ROOM	0	1,265,422	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	646,955	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,753,891	0	54.00
57.00	05700 CT SCAN	0	4,642,029	0	57.00
58.00	05800 MRI	0	1,112,510	0	58.00
60.00	06000 LABORATORY	0	3,770,981	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	369,658	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,814,923	0	65.00
66.00	06600 PHYSICAL THERAPY	0	241,300	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	852	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 PATIENT	0	800,443	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	317,517	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,923,619	0	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	163,260	0	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	347,676	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	3,491,633	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	254,005	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	25,911,732	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/29/2016 3:15 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	0.221900	2,995,058	0	0	664,603	50.00
51.00	05100	RECOVERY ROOM	0.184295	1,265,422	0	0	233,211	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.853585	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.052906	646,955	0	0	34,228	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.281420	1,753,891	0	0	493,580	54.00
57.00	05700	CT SCAN	0.058659	4,642,029	0	0	272,297	57.00
58.00	05800	MRI	0.115515	1,112,510	0	0	128,512	58.00
60.00	06000	LABORATORY	0.191993	3,770,981	5,510	0	724,002	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.255497	369,658	0	0	94,447	63.00
65.00	06500	RESPIRATORY THERAPY	0.186320	1,814,923	0	0	338,156	65.00
66.00	06600	PHYSICAL THERAPY	0.405395	241,300	0	0	97,822	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.424701	852	0	0	362	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.114007	800,443	0	0	91,256	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.623799	317,517	0	0	198,067	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.480002	1,923,619	0	5,148	923,341	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.797607	163,260	0	0	130,217	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	1.060856	347,676	0	0	368,834	76.01
76.02	03951	FLU CLINIC	0.000000	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
91.00	09100	EMERGENCY	0.222675	3,491,633	0	0	777,499	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.080306	254,005	0	0	274,403	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.373753	0	0	0	0	95.00
200.00		Subtotal (see instructions)		25,911,732	5,510	5,148	5,844,837	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		25,911,732	5,510	5,148	5,844,837	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/29/2016 3:15 pm
		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 MRI	0	0	58.00
60.00	06000 LABORATORY	1,058	0	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 PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,471	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)	1,058	2,471	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	1,058	2,471	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140089 Component CCN: 14S089		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part II Date/Time Prepared: 11/29/2016 3:15 pm		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	228,203	14,250,626	0.016014	7,380	118	50.00
51.00	05100	RECOVERY ROOM	78,879	6,082,658	0.012968	1,090	14	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,090	739,036	0.065071	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9,921	3,093,899	0.003207	1,551	5	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	234,955	8,776,365	0.026771	17,719	474	54.00
57.00	05700	CT SCAN	25,212	16,734,249	0.001507	52,294	79	57.00
58.00	05800	MRI	10,308	5,304,700	0.001943	4,412	9	58.00
60.00	06000	LABORATORY	289,844	28,497,962	0.010171	230,090	2,340	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,574	1,269,868	0.005177	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	100,967	7,591,369	0.013300	50,193	668	65.00
66.00	06600	PHYSICAL THERAPY	227,574	7,876,065	0.028894	48,607	1,404	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	15,063	542,323	0.027775	1,398	39	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,806	4,391,078	0.003827	10,323	40	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	63,405	2,931,946	0.021626	883	19	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	92,859	8,111,185	0.011448	101,975	1,167	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	27,097	1,207,578	0.022439	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	52,224	745,783	0.070026	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	156,162	991,809	0.157452	0	0	88.00
91.00	09100	EMERGENCY	466,871	18,945,471	0.024643	74,675	1,840	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,398,590	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	2,151,014	139,482,560		602,590	8,216	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140089
Component CCN: 14S089

Period:
From 07/01/2015
To 06/30/2016

Worksheet D
Part IV
Date/Time Prepared:
11/29/2016 3:15 pm
PPS

Title XVIII

Subprovider -
IPF

Cost Center Description			Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
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
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140089 Component CCN: 14S089	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 3:15 pm
Title XVII		Subprovider - IPF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	14,250,626	0.000000	0.000000	7,380	50.00
51.00 05100 RECOVERY ROOM	0	6,082,658	0.000000	0.000000	1,090	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	739,036	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	3,093,899	0.000000	0.000000	1,551	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	8,776,365	0.000000	0.000000	17,719	54.00
57.00 05700 CT SCAN	0	16,734,249	0.000000	0.000000	52,294	57.00
58.00 05800 MRI	0	5,304,700	0.000000	0.000000	4,412	58.00
60.00 06000 LABORATORY	0	28,497,962	0.000000	0.000000	230,090	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	1,269,868	0.000000	0.000000	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	7,591,369	0.000000	0.000000	50,193	65.00
66.00 06600 PHYSICAL THERAPY	0	7,876,065	0.000000	0.000000	48,607	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	542,323	0.000000	0.000000	1,398	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,391,078	0.000000	0.000000	10,323	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,931,946	0.000000	0.000000	883	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	8,111,185	0.000000	0.000000	101,975	73.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,207,578	0.000000	0.000000	0	76.00
76.01 03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	745,783	0.000000	0.000000	0	76.01
76.02 03951 FLU CLINIC	0	0	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	991,809	0.000000	0.000000	0	88.00
91.00 09100 EMERGENCY	0	18,945,471	0.000000	0.000000	74,675	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,398,590	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	139,482,560			602,590	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140089 Component CCN: 14S089	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 3:15 pm PPS
Title XVIII		Subprovider - IPF	

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 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 PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.00
76.01 03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	76.01
76.02 03951 FLU CLINIC	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/29/2016 3:15 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,196	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,860	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)		4,021	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		49	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)		147	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		35	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)		105	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,807	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)		49	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)		147	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		227.71	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		227.71	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		144.67	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		147.50	20.00
21.00	Total general inpatient routine service cost (see instructions)		8,817,274	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)		11,158	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)		33,473	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)		5,063	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)		15,488	25.00
26.00	Total swing-bed cost (see instructions)		65,182	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		8,752,092	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)		8,752,092	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)		1,800.84	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,254,118	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)		3,254,118	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/29/2016 3:15 pm	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	1,569,915	567	2,768.81	349	966,315	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)					2,857,221	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,077,654	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)					358,698	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					159,347	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					518,045	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,559,609	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)					11,158	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					33,473	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					44,631	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)					839	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,800.84	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,510,905	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140089		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/29/2016 3:15 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	772,233	8,817,274	0.087582	1,510,905	132,328	90.00
91.00	Nursing School cost	0	8,817,274	0.000000	1,510,905	0	91.00
92.00	Allied health cost	0	8,817,274	0.000000	1,510,905	0	92.00
93.00	All other Medical Education	0	8,817,274	0.000000	1,510,905	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1
		Component CCN: 14S089		Date/Time Prepared: 11/29/2016 3:15 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,287	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,287	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,287	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		937	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,437,377	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,437,377	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,437,377	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)		1,893.84	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,774,528	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)		1,774,528	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140089		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Component CCN: 14S089				Date/Time Prepared: 11/29/2016 3:15 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	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)					153,127		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,927,655		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)					183,155		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,216		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					191,371		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					1,736,284		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)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140089 Component CCN: 14S089		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/29/2016 3:15 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	251,570	2,437,377	0.103213	0	0	90.00
91.00	Nursing School cost	0	2,437,377	0.000000	0	0	91.00
92.00	Allied health cost	0	2,437,377	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,437,377	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/29/2016 3:15 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		2,163,864	30.00
31.00	03100	INTENSIVE CARE UNIT		916,386	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.221900	861,118	50.00
51.00	05100	RECOVERY ROOM	0.184295	185,912	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.853585	3,820	52.00
53.00	05300	ANESTHESIOLOGY	0.052906	118,903	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.281420	395,887	54.00
57.00	05700	CT SCAN	0.058659	974,691	57.00
58.00	05800	MRI	0.115515	73,945	58.00
60.00	06000	LABORATORY	0.198563	2,391,589	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.255497	242,935	63.00
65.00	06500	RESPIRATORY THERAPY	0.186320	1,037,341	65.00
66.00	06600	PHYSICAL THERAPY	0.405395	359,749	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.424701	28,652	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.114007	805,896	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.623799	820,135	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.480002	970,791	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.797607	340	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	1.060856	2,754	76.01
76.02	03951	FLU CLINIC	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
91.00	09100	EMERGENCY	0.222675	1,008,208	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.080306	240,493	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		10,523,159	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		10,523,159	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140089 Component CCN: 14S089	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/29/2016 3:15 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
40.00	04000 SUBPROVIDER - IPF		1,096,290	40.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.221900	7,380	1,638 50.00
51.00	05100 RECOVERY ROOM	0.184295	1,090	201 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.853585	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.052906	1,551	82 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.281420	17,719	4,986 54.00
57.00	05700 CT SCAN	0.058659	52,294	3,068 57.00
58.00	05800 MRI	0.115515	4,412	510 58.00
60.00	06000 LABORATORY	0.198563	230,090	45,687 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.255497	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0.186320	50,193	9,352 65.00
66.00	06600 PHYSICAL THERAPY	0.405395	48,607	19,705 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.424701	1,398	594 68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.114007	10,323	1,177 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.623799	883	551 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.480002	101,975	48,948 73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.797607	0	0 76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	1.060856	0	0 76.01
76.02	03951 FLU CLINIC	0.000000	0	0 76.02
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		0 88.00
91.00	09100 EMERGENCY	0.222675	74,675	16,628 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.080306	0	0 92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			
200.00	Total (sum of lines 50-94 and 96-98)		602,590	153,127 200.00
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)		602,590	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140089	Period: From 07/01/2015	Worksheet D-3
		Component CCN: 14U089	To 06/30/2016	Date/Time Prepared: 11/29/2016 3:15 pm
		Title XVIII	Swing Beds - SNF	PPS

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.221900	0	0	50.00
51.00	05100 RECOVERY ROOM	0.184295	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.853585	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.052906	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.281420	6,656	1,873	54.00
57.00	05700 CT SCAN	0.058659	4,744	278	57.00
58.00	05800 MRI	0.115515	0	0	58.00
60.00	06000 LABORATORY	0.191993	64,195	12,325	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.255497	1,533	392	63.00
65.00	06500 RESPIRATORY THERAPY	0.186320	38,187	7,115	65.00
66.00	06600 PHYSICAL THERAPY	0.405395	92,855	37,643	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.424701	1,809	768	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.114007	28,703	3,272	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.623799	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.480002	53,104	25,490	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.797607	0	0	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	1.060856	0	0	76.01
76.02	03951 FLU CLINIC	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
91.00	09100 EMERGENCY	0.222675	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.080306	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		291,786	89,156	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		291,786		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/29/2016 3:15 pm
		Title XVII	Hospital	PPS
		1.00		
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)		990,943	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		2,583,807	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)		98,959	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		37.79	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
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.24	30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.06	31.00
32.00	Sum of lines 30 and 31		24.30	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.26	33.00
34.00	Disproportionate share adjustment (see instructions)		82,755	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/29/2016 3:15 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)	0.000035193	0.000033899	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	201,490	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	269,840		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		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	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		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	4,026,304		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	4,643,176		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		4,643,176	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		297,517	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)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		4,940,693	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		4,940,693	61.00
62.00	Deductibles billed to program beneficiaries		536,928	62.00
63.00	Coinurance billed to program beneficiaries		2,576	63.00
64.00	Allowable bad debts (see instructions)		115,976	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		75,384	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		115,976	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		4,476,573	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
70.88	SCH or MDH volume decrease adjustment		0	70.88
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)		3,665	70.93
70.94	HRR adjustment amount (see instructions)		-5,918	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/29/2016 3:15 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
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)	2015	149,128	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)	2016	511,824	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)		5,135,272	71.00
71.01	Sequestration adjustment (see instructions)		102,705	71.01
72.00	Interim payments		5,119,188	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)		-86,621	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
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2016 3:15 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	990,943	0	990,943		990,943	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,583,807	0		2,583,807	2,583,807	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	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	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	98,959	0	21,688	77,271	98,959	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
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	0.0926	0.0926	0.0926	0.0926		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	82,755	0	22,940	59,815	82,755	11.00
11.01	Uncompensated care payments	36.00	269,840	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	4,026,304	0	1,103,921	2,922,383	4,026,304	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	4,643,176	0	1,275,480	3,367,696	4,643,176	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	4,643,176	0	1,275,480	3,367,696	4,643,176	15.00
16.00	Payment for inpatient program capital	50.00	297,517	0	82,438	215,079	297,517	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2016 3:15 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		
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	
19.00	SUBTOTAL		0	1,357,918	3,582,775	4,940,693	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	282,273	0	78,003	204,270	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	15,244	0	4,435	10,809	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	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	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	297,517	0	82,438	215,079	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			0.109821	0.142857		27.00	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96		149,128		149,128	28.00	
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97			511,824	511,824	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 07/01/2015 To 06/30/2016		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/29/2016 3:15 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 (cols. 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	990,943	990,943		990,943	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,583,807		2,583,807	2,583,807	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	98,959	21,688	77,271	98,959	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	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		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	0.0926	0.0926	0.0926		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	82,755	22,940	59,815	82,755	11.00
11.01	Uncompensated care payments	36.00	269,840	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	4,026,304	1,103,921	2,922,383	4,026,304	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	4,643,176	1,263,268	4,063,825	5,327,093	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	4,643,176	1,263,268	3,379,908	4,643,176	15.00
16.00	Payment for inpatient program capital	50.00	297,517	82,438	215,079	297,517	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			1,345,706	3,594,987	4,940,693	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/29/2016 3:15 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	282,273	78,003	204,270	282,273	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	15,244	4,435	10,809	15,244	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	297,517	82,438	215,079	297,517	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00		70.96	149,128	149,128		149,128	27.00
28.00	Low volume adjustment prior to October 1	70.96					28.00
29.00	Low volume adjustment on or after October 1	70.97	511,824		511,824	511,824	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	3,665	-3,828	7,493	3,665	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	-5,918	-1,784	-4,134	-5,918	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.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/29/2016 3: 15 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,529	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,844,837	2.00
3.00	PPS payments		4,756,174	3.00
4.00	Outlier payment (see instructions)		3,538	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		4,804,456	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		99.07	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,529	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		10,658	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)		10,658	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)		10,658	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		7,129	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		3,529	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)		4,759,712	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)		1,029,329	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)		3,733,912	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)		3,733,912	30.00
31.00	Primary payer payments		82	31.00
32.00	Subtotal (line 30 minus line 31)		3,733,830	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)		195,865	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		127,312	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		195,865	36.00
37.00	Subtotal (see instructions)		3,861,142	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)		3,861,142	40.00
40.01	Sequestration adjustment (see instructions)		77,223	40.01
41.00	Interim payments		3,794,002	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-10,083	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 07/01/2015
To 06/30/2016

Worksheet E-1
Part I
Date/Time Prepared:
11/29/2016 3:15 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		5,135,051		3,752,617	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	01/29/2016	41,385	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	01/29/2016	15,863		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)		-15,863		41,385	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)		5,119,188		3,794,002	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		86,621		10,083	6.02
7.00	Total Medicare program liability (see instructions)		5,032,567		3,783,919	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: 14S089

Period:
From 07/01/2015
To 06/30/2016

Worksheet E-1
Part I
Date/Time Prepared:
11/29/2016 3:15 pm
PPS

Title XVIII

Subprovider -
IPF

		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		785,668		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)		785,668		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		10		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		785,678		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140089
Component CCN: 14U089

Period:
From 07/01/2015
To 06/30/2016

Worksheet E-1
Part I
Date/Time Prepared:
11/29/2016 3:15 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		55,655		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)		55,655		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)		55,655		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 07/01/2015 To 06/30/2016	Worksheet E-1 Part II Date/Time Prepared: 11/29/2016 3:15 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		1,320	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		2,156	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		223	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		4,588	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		156,597,511	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		811,207	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)		530,113	8.00
9.00	Sequestration adjustment amount (see instructions)		10,602	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		519,511	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		686,049	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)		-166,538	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet E-2
		Component CCN: 14U089		Date/Time Prepared: 11/29/2016 3:15 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)	62,041	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	196	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	62,041	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	62,041	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)	62,041	0	12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinurance for physician professional services)	5,250	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)	56,791	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		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)	56,791	0	19.00
19.01	Sequestration adjustment (see instructions)	1,136	0	19.01
20.00	Interim payments	55,655	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 07/01/2015 To 06/30/2016	Worksheet E-3 Part II Date/Time Prepared: 11/29/2016 3:15 pm
		Component CCN: 14S089	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		877,767	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		3.516393	9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		877,767	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		877,767	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		877,767	18.00
19.00	Deductibles		70,056	19.00
20.00	Subtotal (line 18 minus line 19)		807,711	20.00
21.00	Coinurance		5,999	21.00
22.00	Subtotal (line 20 minus line 21)		801,712	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		801,712	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		801,712	31.00
31.01	Sequestration adjustment (see instructions)		16,034	31.01
32.00	Interim payments		785,668	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		10	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

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

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet G
Date/Time Prepared:
11/29/2016 3:15 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	1,171,051	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	15,587,864	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,738,689	0	0	0	7.00
8.00	Prepaid expenses	1,992,140	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	20,489,744	0	0	0	11.00
FIXED ASSETS						
12.00	Land	111,602	0	0	0	12.00
13.00	Land improvements	2,874,642	0	0	0	13.00
14.00	Accumulated depreciation	-1,662,468	0	0	0	14.00
15.00	Buildings	24,552,876	0	0	0	15.00
16.00	Accumulated depreciation	-17,123,660	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	56,833,806	0	0	0	23.00
24.00	Accumulated depreciation	-43,118,687	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	32,983,445	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	55,451,556	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	47,200,362	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	2,436,788	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	49,637,150	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	125,578,450	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	13,720,538	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	497,474	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	14,218,012	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	24,568,664	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)	24,568,664	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	38,786,676	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	86,791,774				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)	86,791,774	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	125,578,450	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet G-1

Date/Time Prepared:
11/29/2016 3:15 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		80,288,091		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		6,503,683				2.00
3.00	Total (sum of line 1 and line 2)		86,791,774		0		3.00
4.00		0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		86,791,774		0		11.00
12.00		0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		86,791,774		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			0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00			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 07/01/2015
To 06/30/2016

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2016 3:15 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	9,353,149		9,353,149	1.00
2.00	SUBPROVIDER - IPF	1,523,648		1,523,648	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	541,078		541,078	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)	11,417,875		11,417,875	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	1,515,326		1,515,326	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)	1,515,326		1,515,326	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	12,933,201		12,933,201	17.00
18.00	Ancillary services	19,733,552	105,852,847	125,586,399	18.00
19.00	Outpatient services	2,361,030	23,400,509	25,761,539	19.00
20.00	RURAL HEALTH CLINIC	0	991,809	991,809	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,250,809	1,250,809	22.00
23.00	AMBULANCE SERVICES	0	3,458,035	3,458,035	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	1	1,610,531	1,610,532	26.00
27.00	MCDONOUGH MEDICAL GROUP & OTHER	88,447	13,893,831	13,982,278	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	35,116,231	150,458,371	185,574,602	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		77,416,118		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	OTHER NON-OP NET	587,616			37.00
38.00	ACCOUNTS MAPPED TO NON-OP NET ON AFS	414,876			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
41.01		0	0		41.01
42.00	Total deductions (sum of lines 37-41)		1,002,492		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		76,413,626		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet G-3 Date/Time Prepared: 11/29/2016 3:15 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	185,574,602	1.00
2.00	Less contractual allowances and discounts on patients' accounts	106,850,814	2.00
3.00	Net patient revenues (line 1 minus line 2)	78,723,788	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	76,413,626	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,310,162	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	5,781	6.00
7.00	Income from investments	1,011,337	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OP	3,760,274	24.00
24.01	GRANTS & GIFTS	54,618	24.01
24.02		0	24.02
24.03		0	24.03
24.04		0	24.04
24.05		0	24.05
24.06		0	24.06
24.07		0	24.07
25.00	Total other income (sum of lines 6-24)	4,832,010	25.00
26.00	Total (line 5 plus line 25)	7,142,172	26.00
27.00	OTHER NON-OP NET	587,616	27.00
27.01	TRANSFER TO FOUNDATION	50,873	27.01
27.02		0	27.02
27.03		0	27.03
27.04		0	27.04
28.00	Total other expenses (sum of line 27 and subscripts)	638,489	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	6,503,683	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140089

Period: From 07/01/2015

Worksheet H

HHA CCN: 147293

To 06/30/2016

Date/Time Prepared: 11/29/2016 3:15 pm

Home Health Agency I

PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	247,554	0	0	17,210	13,394	278,158	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	536,914	0	25,087	0	12,192	574,193	6.00
7.00	Physical Therapy	189,327	0	9,504	0	0	198,831	7.00
8.00	Occupational Therapy	74,840	0	1,515	0	0	76,355	8.00
9.00	Speech Pathology	17,817	0	1,739	0	0	19,556	9.00
10.00	Medical Social Services	7,091	0	149	0	0	7,240	10.00
11.00	Home Health Aide	22,721	0	3,008	0	0	25,729	11.00
12.00	Supplies (see instructions)	0	0	0	0	40,148	40,148	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,096,264	0	41,002	17,210	65,734	1,220,210	24.00
		Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	0	278,158	0	278,158			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	574,193	0	574,193			6.00
7.00	Physical Therapy	0	198,831	0	198,831			7.00
8.00	Occupational Therapy	0	76,355	0	76,355			8.00
9.00	Speech Pathology	0	19,556	0	19,556			9.00
10.00	Medical Social Services	0	7,240	0	7,240			10.00
11.00	Home Health Aide	0	25,729	0	25,729			11.00
12.00	Supplies (see instructions)	0	40,148	0	40,148			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
24.00	Total (sum of lines 1-23)	0	1,220,210	0	1,220,210			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 07/01/2015	Worksheet H-1
		HHA CCN: 147293	To 06/30/2016	Part I
				Date/Time Prepared: 11/29/2016 3:15 pm
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	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		0	1.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	278,158	0	0	0	278,158	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	574,193	0	0	0	574,193	6.00
7.00	Physical Therapy	198,831	0	0	0	198,831	7.00
8.00	Occupational Therapy	76,355	0	0	0	76,355	8.00
9.00	Speech Pathology	19,556	0	0	0	19,556	9.00
10.00	Medical Social Services	7,240	0	0	0	7,240	10.00
11.00	Home Health Aide	25,729	0	0	0	25,729	11.00
12.00	Supplies (see instructions)	40,148	0	0	0	40,148	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)	1,220,210	0	0	0	1,220,210	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	278,158					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	169,542	743,735				6.00
7.00	Physical Therapy	58,708	257,539				7.00
8.00	Occupational Therapy	22,545	98,900				8.00
9.00	Speech Pathology	5,774	25,330				9.00
10.00	Medical Social Services	2,138	9,378				10.00
11.00	Home Health Aide	7,597	33,326				11.00
12.00	Supplies (see instructions)	11,854	52,002				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)		1,220,210				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140089
HHA CCN: 147293

Period:
From 07/01/2015
To 06/30/2016

Worksheet H-1
Part II
Date/Time Prepared:
11/29/2016 3:15 pm
PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & 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	-278,158	942,052
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	574,193
7.00	Physical Therapy	0	0	0	0	0	198,831
8.00	Occupational Therapy	0	0	0	0	0	76,355
9.00	Speech Pathology	0	0	0	0	0	19,556
10.00	Medical Social Services	0	0	0	0	0	7,240
11.00	Home Health Aide	0	0	0	0	0	25,729
12.00	Supplies (see instructions)	0	0	0	0	0	40,148
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-278,158	942,052
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		278,158
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.295268

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140089
HHA CCN: 147293

Period: From 07/01/2015 To 06/30/2016

Worksheet H-2
Part I
Date/Time Prepared: 11/29/2016 3:15 pm
PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS					CAP REL COSTS-REHAB CNT	
		BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II			
			1.01	1.02	1.03			
1.00 Administrative and General	0	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	743,735	0	0	0	0	0	0	2.00
3.00 Physical Therapy	257,539	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	98,900	0	0	0	0	0	0	4.00
5.00 Speech Pathology	25,330	0	0	0	0	0	0	5.00
6.00 Medical Social Services	9,378	0	0	0	0	0	0	6.00
7.00 Home Health Aide	33,326	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	52,002	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)	1,220,210	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							
	CAP REL COSTS-DIAGNOSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG		
	1.05	1.06	1.07	1.08	1.09	1.10		
1.00 Administrative and General	0	0	17,209	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	17,209	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140089
HHA CCN: 147293

Period: From 07/01/2015 To 06/30/2016

Worksheet H-2 Part I
Date/Time Prepared: 11/29/2016 3:15 pm
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	52,980	70,189	13,939	0	0	0	1.00
2.00	Skilled Nursing Care	114,907	858,642	170,517	0	0	0	2.00
3.00	Physical Therapy	40,519	298,058	59,191	0	0	0	3.00
4.00	Occupational Therapy	16,017	114,917	22,821	0	0	0	4.00
5.00	Speech Pathology	3,813	29,143	5,787	0	0	0	5.00
6.00	Medical Social Services	1,518	10,896	2,164	0	0	0	6.00
7.00	Home Health Aide	4,863	38,189	7,584	0	0	0	7.00
8.00	Supplies (see instructions)	0	52,002	10,327	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)	234,617	1,472,036	292,330	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	5,960	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	5,960	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 07/01/2015

Worksheet H-2

HHA CCN: 147293

To 06/30/2016

Part I Date/Time Prepared: 11/29/2016 3:15 pm

Home Health Agency I

PPS

Cost Center Description		HOUSEKEEPING-HSB 9.01	HOUSEKEEPING-HSB II 9.02	HOUSEKEEPING-ORTHO 9.03	HOUSEKEEPING-MAB 9.04	DIETARY 10.00	CAFETERIA 11.00	
1.00	Administrative and General	0	0	0	1,945	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	0	0	1,945	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		NURSING ADMINISTRATION 13.00	CENTRAL SERVICES & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00	NONPHYSICIAN ANESTHETISTS 19.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	9,202	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	9,202	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 07/01/2015

Worksheet H-2

HHA CCN: 147293

To 06/30/2016

Part I
Date/Time Prepared:
11/29/2016 3:15 pm

Home Health Agency I

PPS

Cost Center Description	PARAMED ED PRGM-CLOSED FY16	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	92,033	0	92,033			1.00
2.00 Skilled Nursing Care	0	1,038,361	0	1,038,361	56,567	1,094,928	2.00
3.00 Physical Therapy	0	357,249	0	357,249	19,461	376,710	3.00
4.00 Occupational Therapy	0	137,738	0	137,738	7,503	145,241	4.00
5.00 Speech Pathology	0	34,930	0	34,930	1,903	36,833	5.00
6.00 Medical Social Services	0	13,060	0	13,060	711	13,771	6.00
7.00 Home Health Aide	0	45,773	0	45,773	2,493	48,266	7.00
8.00 Supplies (see instructions)	0	62,329	0	62,329	3,395	65,724	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	1,781,473	0	1,781,473	92,033	1,781,473	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.					0.054475		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 07/01/2015 To 06/30/2016

Worksheet H-2 Part II
Date/Time Prepared: 11/29/2016 3:15 pm
PPS

Cost Center Description		CAPITAL RELATED COSTS						CAP REL COSTS-DIAYSIS (PER CENT)	
		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	1.05		
1.00	Administrative and General	0	0	0	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)	0	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	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	0.000000	22.00
Cost Center Description		CAPITAL RELATED COSTS						EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLIN (PER CENT)	BUSHNELL OFFICE BLDG (SQUARE FEET)			
		1.06	1.07	1.08	1.09	1.10	4.00		
1.00	Administrative and General	0	1,735	0	0	0	247,554	1.00	
2.00	Skilled Nursing Care	0	0	0	0	0	536,914	2.00	
3.00	Physical Therapy	0	0	0	0	0	189,327	3.00	
4.00	Occupational Therapy	0	0	0	0	0	74,840	4.00	
5.00	Speech Pathology	0	0	0	0	0	17,817	5.00	
6.00	Medical Social Services	0	0	0	0	0	7,091	6.00	
7.00	Home Health Aide	0	0	0	0	0	22,721	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	1,096,264	20.00	
21.00	Total cost to be allocated	0	17,209	0	0	0	234,617	21.00	
22.00	Unit cost multiplier	0.000000	9.918732	0.000000	0.000000	0.000000	0.214015	22.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 140089 HHA CCN: 147293	Period: From 07/01/2015 To 06/30/2016	Worksheet H-2 Part II Date/Time Prepared: 11/29/2016 3:15 pm PPS
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Cost Center Description	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB II (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	70,189	0	0	0	1.00
2.00	Skilled Nursing Care	0	858,642	0	0	0	2.00
3.00	Physical Therapy	0	298,058	0	0	0	3.00
4.00	Occupational Therapy	0	114,917	0	0	0	4.00
5.00	Speech Pathology	0	29,143	0	0	0	5.00
6.00	Medical Social Services	0	10,896	0	0	0	6.00
7.00	Home Health Aide	0	38,189	0	0	0	7.00
8.00	Supplies (see instructions)	0	52,002	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)		1,472,036	0	0	0	20.00
21.00	Total cost to be allocated		292,330	0	0	0	21.00
22.00	Unit cost multiplier		0.198589	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	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description	HOUSEKEEPING-HSB II (SQUARE FEET)	HOUSEKEEPING-ORTHO (SQUARE FEET)	HOUSEKEEPING-MAB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSIN)	
	9.02	9.03	9.04	10.00	11.00	13.00	
1.00	Administrative and General	0	0	1,735	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS			Provider CCN: 140089 HHA CCN: 147293	Period: From 07/01/2015 To 06/30/2016	Worksheet H-2 Part II Date/Time Prepared: 11/29/2016 3:15 pm PPS
			Home Health Agency I		

Cost Center Description		HOUSEKEEPING-HSB II (SQUARE FEET)	HOUSEKEEPING-ORTHO (SQUARE FEET)	HOUSEKEEPING-MAB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSIN)	
		9.02	9.03	9.04	10.00	11.00	13.00	
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	1,592	0	20.00
21.00	Total cost to be allocated	0	0	1,945	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	1.121037	0.000000	0.000000	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 ED PRGM-CLOSED FY16 (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	19.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	40,148	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)	40,148	0	0	0	0	0	20.00
21.00	Total cost to be allocated	9,202	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.229202	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140089 HHA CCN: 147293	Period: From 07/01/2015 To 06/30/2016	Worksheet H-3 Part I Date/Time Prepared: 11/29/2016 3:15 pm
		Title XVIIII	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	1,094,928		1,094,928	4,676	234.16	1.00
2.00	Physical Therapy	3.00	376,710	0	376,710	1,471	256.09	2.00
3.00	Occupational Therapy	4.00	145,241	0	145,241	788	184.32	3.00
4.00	Speech Pathology	5.00	36,833	0	36,833	130	283.33	4.00
5.00	Medical Social Services	6.00	13,771		13,771	20	688.55	5.00
6.00	Home Health Aide	7.00	48,266		48,266	413	116.87	6.00
7.00	Total (sum of lines 1-6)		1,715,749	0	1,715,749	7,498		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Program Visits			Ratio (col. 3 ÷ col. 4)
			Part A	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	2,276		8.00
9.00	Physical Therapy		99914	0	784		9.00
10.00	Occupational Therapy		99914	0	518		10.00
11.00	Speech Pathology		99914	0	68		11.00
12.00	Medical Social Services		99914	0	14		12.00
13.00	Home Health Aide		99914	0	149		13.00
14.00	Total (sum of lines 8-13)			0	3,809		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 Records)	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	65,724	0	65,724	38,567	1.704151	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	Part A	Part B		Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00		8.00	9.00

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	2,276		0	532,948	1.00
2.00	Physical Therapy	0	784		0	200,775	2.00
3.00	Occupational Therapy	0	518		0	95,478	3.00
4.00	Speech Pathology	0	68		0	19,266	4.00
5.00	Medical Social Services	0	14		0	9,640	5.00
6.00	Home Health Aide	0	149		0	17,414	6.00
7.00	Total (sum of lines 1-6)	0	3,809		0	875,521	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140089 HHA CCN: 147293	Period: From 07/01/2015 To 06/30/2016	Worksheet H-3 Part I Date/Time Prepared: 11/29/2016 3:15 pm PPS
		Title XVII I	Home Health Agency I	

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

Cost Center Description	Program Covered Charges			Cost of Services	Part A	Part B		
	Part A	Part B				Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance				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	30,158	0	15.00
16.00	Cost of Drugs		27	0		0	0	16.00

Cost Center Description		Total Program Cost (sum of cols. 9-10)
		12.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation			
1.00	Skilled Nursing Care	532,948	1.00
2.00	Physical Therapy	200,775	2.00
3.00	Occupational Therapy	95,478	3.00
4.00	Speech Pathology	19,266	4.00
5.00	Medical Social Services	9,640	5.00
6.00	Home Health Aide	17,414	6.00
7.00	Total (sum of lines 1-6)	875,521	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 07/01/2015 To 06/30/2016	Worksheet H-3 Part II Date/Time Prepared: 11/29/2016 3:15 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	0.405395	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	0.424701	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.114007	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.480002	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140089 HHA CCN: 147293	Period: From 07/01/2015 To 06/30/2016	Worksheet H-4 Part I-II Date/Time Prepared: 11/29/2016 3:15 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	27	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	27	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	27	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	559,097
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	14,755
13.00	Total PPS Reimbursement - LUPA Episodes		0	15,886
14.00	Total PPS Reimbursement - PEP Episodes		0	6,196
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	2,995
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
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	598,929
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	598,929
25.00	Coinurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	598,929
27.00	Reimbursable bad debts (from your records)			
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	598,929
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	598,929
31.01	Sequestration adjustment (see instructions)		0	11,979
32.00	Interim payments (see instructions)		0	586,977
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	-27
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 07/01/2015
To 06/30/2016

Worksheet H-5
Date/Time Prepared:
11/29/2016 3:15 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		586,977	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		586,977	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		27	6.02
7.00	Total Medicare program liability (see instructions)		0		586,950	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 07/01/2015

Worksheet K

Hospice CCN: 141524

To 06/30/2016

Date/Time Prepared: 11/29/2016 3:15 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	61,161	0	0	2,343	26,078	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	3,746	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	144,129	0	0	0	0	9.00
10.00	Nursing Care	389,060	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	47,505	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	107,338	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	68,408	26.00
27.00	Patient Transportation	0	0	16,515	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	17,935	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	29,600	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	11,283	0	0	100	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	171,058	0	38.00
39.00	Total (sum of lines 1 thru 38)	653,138	0	16,515	206,847	219,759	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140089

Period: From 07/01/2015

Worksheet K

Hospice CCN: 141524

To 06/30/2016

Date/Time Prepared: 11/29/2016 3:15 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
2.00	Capital Related Costs-Movable Equip.	0	0	0	0
3.00	Plant Operation and Maintenance	0	0	0	0
4.00	Transportation - Staff	0	0	0	0
5.00	Volunteer Service Coordination	0	0	0	0
6.00	Administrative and General	89,582	0	89,582	89,582
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care	3,746	0	3,746	3,746
8.00	Inpatient - Respite Care	0	0	0	0
VISITING SERVICES					
9.00	Physician Services	144,129	0	144,129	144,129
10.00	Nursing Care	389,060	0	389,060	389,060
11.00	Nursing Care-Continuous Home Care	0	0	0	0
12.00	Physical Therapy	0	0	0	0
13.00	Occupational Therapy	0	0	0	0
14.00	Speech/ Language Pathology	0	0	0	0
15.00	Medical Social Services	47,505	0	47,505	47,505
16.00	Spiritual Counseling	0	0	0	0
17.00	Dietary Counseling	0	0	0	0
18.00	Counseling - Other	0	0	0	0
19.00	Home Health Aide and Homemaker	0	0	0	0
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0
21.00	Other	0	0	0	0
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy	107,338	0	107,338	107,338
23.00	Analgesics	0	0	0	0
24.00	Sedatives / Hypnotics	0	0	0	0
25.00	Other - Specify	0	0	0	0
26.00	Durable Medical Equipment/Oxygen	68,408	0	68,408	68,408
27.00	Patient Transportation	16,515	0	16,515	16,515
28.00	Imaging Services	0	0	0	0
29.00	Labs and Diagnostics	0	0	0	0
30.00	Medical Supplies	17,935	0	17,935	17,935
31.00	Outpatient Services (including E/R Dept.)	29,600	0	29,600	29,600
32.00	Radiation Therapy	0	0	0	0
33.00	Chemotherapy	0	0	0	0
34.00	Other	0	0	0	0
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs	11,383	0	11,383	11,383
36.00	Volunteer Program Costs	0	0	0	0
37.00	Fundraising	0	0	0	0
38.00	Other Program Costs	171,058	0	171,058	171,058
39.00	Total (sum of lines 1 thru 38)	1,096,259	0	1,096,259	1,096,259

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140089

Period: From 07/01/2015

Worksheet K-1

Hospice CCN: 141524

To 06/30/2016

Date/Time Prepared: 11/29/2016 3:15 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	48,889	0	0	12,272	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	389,060	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	47,505	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	48,889	47,505	0	401,332	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140089

Period: From 07/01/2015

Worksheet K-1

Hospice CCN: 141524

To 06/30/2016

Date/Time Prepared: 11/29/2016 3:15 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	61,161	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	144,129	144,129	9.00
10.00	Nursing Care		0	0	389,060	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	47,505	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		11,283	0	11,283	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	11,283	144,129	653,138	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140089	Period: From 07/01/2015	Worksheet K-3
		Hospice CCN: 141524	To 06/30/2016	Date/Time Prepared: 11/29/2016 3:15 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 Hospice CCN: 141524	Period: From 07/01/2015 To 06/30/2016	Worksheet K-3 Date/Time Prepared: 11/29/2016 3:15 pm
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		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	2,343	2,343	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	3,746	3,746	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	29,600	29,600	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	100	100	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	171,058	171,058	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	206,847	206,847	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140089

Period: From 07/01/2015

Worksheet K-4

Hospice CCN: 141524

To 06/30/2016

Part I
Date/Time Prepared:
11/29/2016 3:15 pm

		CAPITAL RELATED COST					
		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	89,582	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	3,746	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	144,129	0	0	0	0	9.00
10.00	Nursing Care	389,060	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	47,505	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	107,338	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	68,408	0	0	0	0	26.00
27.00	Patient Transportation	16,515	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	17,935	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	29,600	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	11,383	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	171,058	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,096,259	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140089

Period: From 07/01/2015

Worksheet K-4

Hospice CCN: 141524

To 06/30/2016

Part I
Date/Time Prepared:
11/29/2016 3:15 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	Hospice I 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	89,582	89,582		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	3,746	333	4,079	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	144,129	12,826	156,955	9.00
10.00	Nursing Care	0	389,060	34,622	423,682	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	47,505	4,227	51,732	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	107,338	9,552	116,890	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	68,408	6,087	74,495	26.00
27.00	Patient Transportation	0	16,515	1,470	17,985	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	17,935	1,596	19,531	30.00
31.00	Outpatient Services (including E/R Dept.)	0	29,600	2,634	32,234	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	11,383	1,013	12,396	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	171,058	15,222	186,280	38.00
39.00	Total (sum of lines 1 thru 38)	0	1,096,259		1,096,259	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period: From 07/01/2015

Worksheet K-4

Hospice CCN: 141524

To 06/30/2016

Part II
Date/Time Prepared:
11/29/2016 3:15 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

Period: From 07/01/2015

Worksheet K-4

Hospice CCN: 141524

To 06/30/2016

Part II
Date/Time Prepared:
11/29/2016 3:15 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-89,582	1,006,677	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	3,746	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	144,129	9.00
10.00	Nursing Care	0	389,060	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	47,505	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	107,338	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	68,408	26.00
27.00	Patient Transportation	0	16,515	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	17,935	30.00
31.00	Outpatient Services (including E/R Dept.)	0	29,600	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	11,383	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	171,058	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		89,582	39.00
40.00	Unit Cost Multiplier		0.088988	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140089

Period: From 07/01/2015

Worksheet K-5

Hospice CCN: 141524

To 06/30/2016

Part I
Date/Time Prepared:
11/29/2016 3:15 pm

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS				
		BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSBI	CAP REL COSTS-HSBI I	
		1.00	1.01	1.02	1.03	
1.00 Administrative and General		0	0	0	0	1.00
2.00 Inpatient - General Care	4,079	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	156,955	0	0	0	0	4.00
5.00 Nursing Care	423,682	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	51,732	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	116,890	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	74,495	0	0	0	0	21.00
22.00 Patient Transportation	17,985	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	19,531	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	32,234	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	12,396	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	186,280	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	1,096,259	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 07/01/2015
To 06/30/2016

Part I
Date/Time Prepared:
11/29/2016 3:15 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	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	10,454	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	10,454	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 07/01/2015

Worksheet K-5

Hospice CCN: 141524

To 06/30/2016

Part I
Date/Time Prepared:
11/29/2016 3:15 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		CONVENIENCE CARE CLIN	BUSHNELL OFFICE BLDG					
		1.09	1.10	4.00				
					4A	5.00		
1.00	Administrative and General	0	0	13,089	13,089	2,599	1.00	
2.00	Inpatient - General Care	0	0	0	4,079	810	2.00	
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00	Physician Services	0	0	30,846	187,801	37,295	4.00	
5.00	Nursing Care	0	0	83,264	517,400	102,751	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	10,167	61,899	12,292	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	116,890	23,213	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	74,495	14,794	21.00	
22.00	Patient Transportation	0	0	0	17,985	3,572	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	19,531	3,879	25.00	
26.00	Outpatient Services (including E/R Dept.)	0	0	0	32,234	6,401	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	2,415	14,811	2,941	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	186,280	36,993	33.00	
34.00	Total (sum of lines 1 thru 33) (2)	0	0	139,781	1,246,494	247,540	34.00	
35.00	Unit Cost Multiplier (see instructions)				0		35.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 140089	Period: From 07/01/2015	Worksheet K-5 Part I
		Hospice CCN: 141524	To 06/30/2016	Date/Time Prepared: 11/29/2016 3:15 pm

Cost Center Description	Hospice I					
	MAINTENANCE & REPAIRS 6.00	MAINTENANCE & REPAIRS-HSBI 6.01	MAINTENANCE & REPAIRS-HSBI I 6.02	MAINTENANCE & REPAIRS-REHAB CLINIC 6.03	MAINTENANCE & REPAIRS-MAB 6.04	
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	3,621	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	3,621	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 07/01/2015	Worksheet K-5
		Hospice CCN: 141524	To 06/30/2016	Part I
				Date/Time Prepared: 11/29/2016 3:15 pm

Cost Center Description	Hospice I					
	MAINTENANCE & REPAIRS-ORTHO BLDG 6.05	MAINTENANCE & REPAIRS-BUSHNELL 6.06	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING-HSB 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	339	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	339	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 07/01/2015
To 06/30/2016

Part I
Date/Time Prepared:
11/29/2016 3:15 pm

Cost Center Description		Hospice I					
		HOUSEKEEPING- HSB II 9.02	HOUSEKEEPING- ORTHO 9.03	HOUSEKEEPING- MAB 9.04	DIETARY 10.00	CAFETERIA 11.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	1,182	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	1,182	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 07/01/2015	Worksheet K-5 Part I
		Hospice CCN: 141524	To 06/30/2016	Date/Time Prepared: 11/29/2016 3:15 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	4,110	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	57,383	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	4,110	0	0	57,383	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 07/01/2015

Worksheet K-5

Hospice CCN: 141524

To 06/30/2016

Part I
Date/Time Prepared:
11/29/2016 3:15 pm

Cost Center Description	Hospice I					Subtotal (col s. 24 ± 25)	
	NONPHYSICIAN ANESTHETISTS	PARAMEDICAL PRGM-CLOSED FY16	Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments			
	19.00	23.00	24.00	25.00	26.00		
1.00 Administrative and General	0	0	15,688				1.00
2.00 Inpatient - General Care	0	0	4,889	0	4,889		2.00
3.00 Inpatient - Respite Care	0	0	0	0	0		3.00
4.00 Physician Services	0	0	225,096	0	225,096		4.00
5.00 Nursing Care	0	0	629,403	0	629,403		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	131,574	0	131,574		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	140,103	0	140,103		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	89,289	0	89,289		21.00
22.00 Patient Transportation	0	0	21,557	0	21,557		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	23,410	0	23,410		25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	38,635	0	38,635		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	17,752	0	17,752		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	223,273	0	223,273		33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	1,560,669	0	1,560,669		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 07/01/2015	Worksheet K-5 Part I
		Hospice CCN: 141524	To 06/30/2016	Date/Time Prepared: 11/29/2016 3:15 pm
			Hospice I	

Cost Center Description		Allocated Hospice A&G (See Part 11)	Total Hospice Costs (col. 26 ± 27)	
		27.00	28.00	
1.00	Administrative and General			1.00
2.00	Inpatient - General Care	50	4,939	2.00
3.00	Inpatient - Respite Care	0	0	3.00
4.00	Physician Services	2,286	227,382	4.00
5.00	Nursing Care	6,390	635,793	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	1,336	132,910	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	0	0	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	1,423	141,526	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	907	90,196	21.00
22.00	Patient Transportation	219	21,776	22.00
23.00	Imaging Services	0	0	23.00
24.00	Labs and Diagnostics	0	0	24.00
25.00	Medical Supplies	238	23,648	25.00
26.00	Outpatient Services (including E/R Dept.)	392	39,027	26.00
27.00	Radiation Therapy	0	0	27.00
28.00	Chemotherapy	0	0	28.00
29.00	Other	0	0	29.00
30.00	Bereavement Program Costs	180	17,932	30.00
31.00	Volunteer Program Costs	0	0	31.00
32.00	Fundraising	0	0	32.00
33.00	Other Program Costs	2,267	225,540	33.00
34.00	Total (sum of lines 1 thru 33) (2)		1,560,669	34.00
35.00	Unit Cost Multiplier (see instructions)	0.010154		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-5
Part II
Date/Time Prepared:
11/29/2016 3:15 pm

Cost Center Description		CAPITAL RELATED COSTS					
		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 07/01/2015
To 06/30/2016

Worksheet K-5
Part II
Date/Time Prepared:
11/29/2016 3:15 pm

Cost Center Description	CAPITAL RELATED COSTS					
	CAP REL COSTS-DAYSIS (PER CENT)	CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLIN (PER CENT)	
	1.05	1.06	1.07	1.08	1.09	
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	1,054	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	10,454	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	9.918406	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 07/01/2015
To 06/30/2016

Worksheet K-5
Part II
Date/Time Prepared:
11/29/2016 3:15 pm

Cost Center Description		Hospice I					
		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			
1.00	Administrative and General	0	61,160	0	13,089	0	1.00
2.00	Inpatient - General Care	0	0	0	4,079	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	144,129	0	187,801	0	4.00
5.00	Nursing Care	0	389,060	0	517,400	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	47,505	0	61,899	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	116,890	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	74,495	0	21.00
22.00	Patient Transportation	0	0	0	17,985	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	19,531	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	32,234	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	11,283	0	14,811	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	186,280	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	653,137		1,246,494	0	34.00
35.00	Total cost to be allocated	0	139,781		247,540	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.214015		0.198589	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-5
Part II
Date/Time Prepared:
11/29/2016 3:15 pm

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	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	1,054	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	3,621	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	3.435484	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-5
Part II
Date/Time Prepared:
11/29/2016 3:15 pm

Cost Center Description		Hospice I					
		MAINTENANCE & REPAIRS-BUSHNELL (SQUARE FEET) 6.06	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN) 8.00	HOUSEKEEPING (TIME SPENT) 9.00	HOUSEKEEPING-HSB (SQUARE FEET) 9.01	HOUSEKEEPING-HSB II (SQUARE FEET) 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 - 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	251	0	0	0	34.00
35.00	Total cost to be allocated	0	339	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	1.350598	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 07/01/2015
To 06/30/2016

Worksheet K-5
Part II
Date/Time Prepared:
11/29/2016 3:15 pm

Cost Center Description	Hospice I					
	HOUSEKEEPING- ORTHO (SQUARE FEET)	HOUSEKEEPING- MAB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATIO N (DIRECT NRSIN)	
	9.03	9.04	10.00	11.00	13.00	
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	1,054	0	918	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	1,054	0	918	0	34.00
35.00 Total cost to be allocated	0	1,182	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	1.121442	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 07/01/2015
To 06/30/2016

Worksheet K-5
Part II
Date/Time Prepared:
11/29/2016 3:15 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	17,934	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	178	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)	17,934	0	0	178	0	34.00
35.00	Total cost to be allocated	4,110	0	0	57,383	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.229174	0.000000	0.000000	322.376404	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2015
To 06/30/2016

Worksheet K-5
Part II
Date/Time Prepared:
11/29/2016 3:15 pm

Cost Center Description		PARAMED ED PRGM-CLOSED FY16 (ASSIGNED TIME)	Hospice I
		23.00	
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 Hospice CCN: 141524	Period: From 07/01/2015 To 06/30/2016	Worksheet K-5 Part III Date/Time Prepared: 11/29/2016 3:15 pm		
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) 3.00	
		0	1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.405395	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.424701	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.480002	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.198563	0	0	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.114007	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00				9.00
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0.797607	0	0	10.00
10.01	DIABETES/WOUND CARE/COUMADIN CNTR	76.01	1.060856	0	0	10.01
10.02	FLU CLINIC	76.02	0.000000	0	0	10.02
11.00	Totals (sum of lines 1-10)					11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140089

Period: From 07/01/2015

Worksheet K-6

Hospice CCN: 141524

To 06/30/2016

Date/Time Prepared: 11/29/2016 3:15 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				1,335,129	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				8,301	2.00
3.00	Average cost per diem (line 1 divided by line 2)				160.84	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	6,166				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	991,739				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		1,574			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		253,162			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)		1,574			10.00
11.00	Aggregate NF cost (line 3 times line 10)		253,162			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			561		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			90,231		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet L Parts I-III Date/Time Prepared: 11/29/2016 3:15 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		282,273	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		15,244	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)		12.65	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)		297,517	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 07/01/2015 To 06/30/2016	Worksheet M-1 Date/Time Prepared: 11/29/2016 3:15 pm
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		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	135,207	0	135,207	0	135,207	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	0	0	0	0	0	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	223,462	0	223,462	0	223,462	9.00
10.00	Subtotal (sum of lines 1 through 9)	445,881	0	445,881	0	445,881	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	12,397	12,397	0	12,397	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	7,746	7,746	0	7,746	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	20,143	20,143	0	20,143	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	445,881	20,143	466,024	0	466,024	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	45,921	45,921	0	45,921	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	15,309	15,309	0	15,309	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	61,230	61,230	0	61,230	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	3,104	3,104	0	3,104	29.00
30.00	Administrative Costs	0	25,547	25,547	0	25,547	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	28,651	28,651	0	28,651	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	445,881	110,024	555,905	0	555,905	32.00

ANALYSIS OF HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet M-1
	Component CCN: 148522	Rural Health Clinic (RHC) I	Date/Time Prepared: 11/29/2016 3:15 pm Cost

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS			
1.00 Physician	0	135,207	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	0	5.00
6.00 Clinical Psychologist	0	0	6.00
7.00 Clinical Social Worker	0	0	7.00
8.00 Laboratory Technician	0	0	8.00
9.00 Other Facility Health Care Staff Costs	0	223,462	9.00
10.00 Subtotal (sum of lines 1 through 9)	0	445,881	10.00
11.00 Physician Services Under Agreement	0	0	11.00
12.00 Physician Supervision Under Agreement	0	0	12.00
13.00 Other Costs Under Agreement	0	0	13.00
14.00 Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00 Medical Supplies	0	12,397	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	7,746	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	20,143	21.00
22.00 Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	466,024	22.00
COSTS OTHER THAN RHC/FOHC SERVICES			
23.00 Pharmacy	0	45,921	23.00
24.00 Dental	0	0	24.00
25.00 Optometry	0	0	25.00
26.00 All other nonreimbursable costs	0	15,309	26.00
27.00 Nonallowable GME costs	0	0	27.00
28.00 Total Nonreimbursable Costs (sum of lines 23 through 27)	0	61,230	28.00
FACILITY OVERHEAD			
29.00 Facility Costs	0	3,104	29.00
30.00 Administrative Costs	0	25,547	30.00
31.00 Total Facility Overhead (sum of lines 29 and 30)	0	28,651	31.00
32.00 Total facility costs (sum of lines 22, 28 and 31)	0	555,905	32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 140089	Period: From 07/01/2015	Worksheet M-2
		Component CCN: 148522	To 06/30/2016	Date/Time Prepared: 11/29/2016 3:15 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	3,744	4,200	3,108	1.00
2.00	Physician Assistant	0.00	0	2,100	0	2.00
3.00	Nurse Practitioner	0.56	1,776	2,100	1,176	3.00
4.00	Subtotal (sum of lines 1 through 3)	1.30	5,520		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 (FOHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FOHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	1.30	5,520			8.00
9.00	Physician Services Under Agreements		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)		466,024 10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)		61,230 11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)		527,254 12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)		0.883870 13.00
14.00	Total facility overhead - (from Wkst. M-1, col. 7, line 31)		28,651 14.00
15.00	Parent provider overhead allocated to facility (see instructions)		415,448 15.00
16.00	Total overhead (sum of lines 14 and 15)		444,099 16.00
17.00	Allowable GME overhead (see instructions)		0 17.00
18.00	Subtotal (see instructions)		444,099 18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)		392,526 19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)		858,550 20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 140089	Period: From 07/01/2015 To 06/30/2016	Worksheet M-3
		Component CCN: 148522		Date/Time Prepared: 11/29/2016 3:15 pm
		Title XVIII	Rural Health Clinic (RHC) I	Cost
				1.00
DETERMINATION OF RATE FOR RHC/FQHC SERVICES				
1.00	Total Allowable Cost of RHC/FQHC Services (from Wkst. M-2, line 20)		858,550	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		32,749	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		825,801	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		5,520	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)		5,520	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		149.60	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)	0.00	0.00	8.00
9.00	Rate for Program covered visits (see instructions)	149.60	149.60	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	322	762	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	48,171	113,995	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) *		162,166	16.00
16.01	Total program charges (see instructions)(from contractor's records)		159,106	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		100	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		102	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.)		108,276	16.04
16.05	Total program cost (see instructions)		108,378	16.05
17.00	Primary payer amounts		185	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		26,719	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		26,457	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		108,193	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		29,957	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		138,150	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)		138,150	26.00
26.01	Sequestration adjustment (see instructions)		2,763	26.01
27.00	Interim payments		108,786	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)		26,601	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter 1, §115.2		0	30.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 140089 Component CCN: 148522	Period: From 07/01/2015 To 06/30/2016	Worksheet M-4 Date/Time Prepared: 11/29/2016 3:15 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)	445,881	445,881	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.001263	0.001739	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	563	775	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	10,450	4,981	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	11,013	5,756	5.00
6.00	Total direct cost of the facility (from Wkst. M-1, col. 7, line 22)	466,024	466,024	6.00
7.00	Total overhead (from Wkst. M-2, line 16)	444,099	444,099	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.023632	0.012351	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	10,495	5,485	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	21,508	11,241	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	106	146	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	202.91	76.99	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	104	115	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	21,103	8,854	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)		32,749	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)		29,957	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 07/01/2015 To 06/30/2016	Worksheet M-5 Date/Time Prepared: 11/29/2016 3:15 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		72,374	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		01/29/2016	36,412	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		36,412	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		108,786	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		26,601	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		135,387	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00