This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0145	Period: From 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 12/4/2017 3:04 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 12/4/2017 Time: 3:04 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] Cost Report Status
   (1) As Submitted
   (2) Settled without Audit
   (3) Settled with Audit
   (4) Reopened
   (5) Amended
6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. JOSEPHS HOSPITAL (14-0145) for the cost reporting period beginning 07/01/2016 and ending 06/30/2017 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	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-41,537	-9,717	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
10.00	RURAL HEALTH CLINIC I	0		340,960		0	10.00
10.01	RURAL HEALTH CLINIC II	0		105,634		0	10.01
200.00	Total	0	-41,537	436,877	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part I | Date/Time Prepared: 12/4/2017 2:59 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 9515 HOLY CROSS LANE	PO Box:			1.00
2.00	City: BREESE	State: IL	Zip Code: 62230	County: CLINTON	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	ST. JOSEPHS HOSPITAL	140145	41180	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC	ST. JOSEPH'S HOSPITAL RHC	148503	41180		01/01/2009	N	O	N	15.00
15.01	Hospital-Based Health Clinic - RHC II	CLINTON CNTY RURAL HLTH- CARLYLE RIV	148570	41180		06/24/2016	N	O	N	15.01
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2016	06/30/2017	20.00
21.00	Type of Control (see instructions)	1		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)	N	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.	1	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in 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.	403	184	0	0	241	52	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		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part I Date/Time Prepared: 12/4/2017 2:59 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.	1		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.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	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	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete 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.	N			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.	N			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	61.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part I Date/Time Prepared: 12/4/2017 2:59 pm

		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

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part I Date/Time Prepared: 12/4/2017 2:59 pm

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00

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		V	XIX	
		1.00	2.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			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. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					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.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	56,770	0	459,313	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	Y	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
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: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part I | Date/Time Prepared: 12/4/2017 2:59 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)	Y	148005	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: HOSPITAL SISTERS HEALTH SYSTEMS	Contractor's Name: NGS	Contractor's Number: 00131	141.00
142.00	Street: 4936 LAVERNA ROAD	PO Box:		142.00
143.00	City: SPRINGFIELD	State: IL	Zip Code: 62794	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N	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	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

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

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

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
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)	0.25	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0145	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 12/4/2017 2:59 pm

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2016	06/30/2017	170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part II | Date/Time Prepared: 12/4/2017 2:59 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	10/17/2017	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for 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.	N	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/08/2017	Y	11/08/2017	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: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part II Date/Time Prepared: 12/4/2017 2:59 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 relifed for Medicare purposes? If yes, see instructions		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.		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.		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.		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.		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		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		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.		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.		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?	Y		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.	Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	FRED	HELFRICH	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-231-5544	FHELFRICH@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 14-0145	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 12/4/2017 2:59 pm

		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.	PARTNER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part I Date/Time Prepared: 12/4/2017 2:59 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	45	16,425	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)		45	16,425	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	4	1,460	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		49	17,885	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RHC (CONSOLIDATED)	88.00				0	26.00
26.01	RURAL HEALTH CLINIC II	88.01				0	26.01
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		49				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part I | Date/Time Prepared: 12/4/2017 2:59 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)	1,509	290	3,237			1.00
2.00	HMO and other (see instructions)	187	425				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	1,509	290	3,237			7.00
8.00	INTENSIVE CARE UNIT	1	0	1			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		210	1,220			13.00
14.00	Total (see instructions)	1,510	500	4,458	0.00	276.09	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	50			24.10
25.00	CMHC - CMHC						25.00
26.00	RHC (CONSOLIDATED)	13,524	0	50,662	0.00	36.75	26.00
26.01	RURAL HEALTH CLINIC II	1,490	0	7,598	0.00	3.14	26.01
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	315.98	27.00
28.00	Observation Bed Days		52	398			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			185			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	52	172			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: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part I | Date/Time Prepared: 12/4/2017 2:59 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	447	83	1,251	1.00
2.00	HMO and other (see instructions)			54	83		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	447	83	1,251	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RHC (CONSOLIDATED)	0.00					26.00
26.01	RURAL HEALTH CLINIC II	0.00					26.01
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part II Date/Time Prepared: 12/4/2017 2:59 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	16,719,558	0	16,719,558	657,242.90	25.44	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		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		1,211,864	0	1,211,864	23,284.00	52.05	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		468,027	0	468,027	33,718.00	13.88	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 and/or related organization 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)		159,027	4,409	163,436	8,633.65	18.93	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00	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		215,415	0	215,415	1,773.80	121.44	13.00
14.00	Home office and/or related orgainzation salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		1,644,388	0	1,644,388	31,986.00	51.41	14.01
14.02	Related organization salaries		114,947	0	114,947	836.00	137.50	14.02
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)		4,884,368	0	4,884,368			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		214,735	0	214,735			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		226,218	0	226,218			23.00
24.00	Wage-related costs (RHC/FQHC)		416,265	0	416,265			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related		687,154	0	687,154			25.50
25.51	Related orgainzation wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	2,899,373	-14,016	2,885,357	111,065.92	25.98	27.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part II Date/Time Prepared: 12/4/2017 2:59 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	515,765	0	515,765	20,060.50	25.71	30.00
31.00	Laundry & Linen Service	8.00	24,219	35,740	59,959	3,146.47	19.06	31.00
32.00	Housekeeping	9.00	431,757	0	431,757	34,856.27	12.39	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	258,586	-219,397	39,189	3,506.83	11.18	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	219,397	219,397	19,518.98	11.24	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	665,378	-21,723	643,655	15,204.06	42.33	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	284,010	0	284,010	17,309.25	16.41	41.00
42.00	Social Service	17.00	88,185	-4,409	83,776	2,405.64	34.82	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part III Date/Time Prepared: 12/4/2017 2:59 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		15,039,667	0	15,039,667	600,240.90	25.06	1.00
2.00	Excluded area salaries (see instructions)		159,027	4,409	163,436	8,633.65	18.93	2.00
3.00	Subtotal salaries (line 1 minus line 2)		14,880,640	-4,409	14,876,231	591,607.25	25.15	3.00
4.00	Subtotal other wages & related costs (see inst.)		1,974,750	0	1,974,750	34,595.80	57.08	4.00
5.00	Subtotal wage-related costs (see inst.)		5,571,522	0	5,571,522	0.00	37.45	5.00
6.00	Total (sum of lines 3 thru 5)		22,426,912	-4,409	22,422,503	626,203.05	35.81	6.00
7.00	Total overhead cost (see instructions)		5,167,273	-4,408	5,162,865	227,073.92	22.74	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part IV Date/Time Prepared: 12/4/2017 2:59 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	37,659	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)	1,806,323	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	501,324	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)	3,501,324	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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)	26,406	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	251,294	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	1,153,143	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	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	38,957	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	7,316,430	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: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part V Date/Time Prepared: 12/4/2017 2:59 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	0	7,316,430	1.00
2.00	Hospital	0	7,316,430	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
14.01	Hospital-Based Health Clinic RHC 1	0	0	14.01
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

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA | Provider CCN: 14-0145 | Component CCN: 14-8503 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-8 | Date/Time Prepared: 12/4/2017 2:59 pm

RHC I | Cost

				1.00		
	Clinic Address and Identification					
1.00	Street			VARIOUS		1.00
		City		State	ZIP Code	
		1.00		2.00	3.00	
2.00	City, State, ZIP Code, County	VARIOUS		IL	62230	2.00
					1.00	
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban				0	3.00
			Grant Award		Date	
			1.00		2.00	
	Source of Federal Funds					
4.00	Community Health Center (Section 330(d), PHS Act)					4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)					5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)					6.00
7.00	Appalachian Regional Commission					7.00
8.00	Look-Alikes					8.00
9.00	OTHER (SPECIFY)					9.00
				1.00	2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N	0	10.00
		Sunday		Monday		Tuesday
		from	to	from	to	from
		1.00	2.00	3.00	4.00	5.00
	Facility hours of operations (1)					
11.00	Clinic	08:00	17:00	08:00	17:00	08:00	11.00
					1.00	2.00	
12.00	Have you received an approval for an exception to the productivity standard?				N		12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.				Y	5	13.00
				Provider name		CCN number	
				1.00		2.00	
14.00	RHC/FQHC name, CCN number			ST. JOSEPH'S HOSPITAL		148503	14.00
14.01				ST. JOSEPH'S HOSPITAL		148502	14.01
14.02				CLINTON COUNTY RURAL HEALTH TRENTON		148552	14.02
14.03				CLINTON CNTY RURAL HEALTH NEW BADEN		148553	14.03
14.04				CLINTON CTY RURAL HEALTH CARLYLE-BU		148554	14.04
		Y/N	V	XVIII	XIX	Total Visits	
		1.00	2.00	3.00	4.00	5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)						15.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA	Provider CCN: 14-0145 Component CCN: 14-8503	Period: From 07/01/2016 To 06/30/2017	Worksheet S-8 Date/Time Prepared: 12/4/2017 2:59 pm
		RHC I	Cost

			County				
			4.00				
2.00	City, State, ZIP Code, County		VARIOUS				2.00
		Tuesday	Wednesday		Thursday		
		to	from	to	from	to	
		6.00	7.00	8.00	9.00	10.00	
	Facility hours of operations (1)						
11.00	Clinic	17:00	08:00	17:00	08:00	17:00	11.00
		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
	Facility hours of operations (1)						
11.00	Clinic	08:00	17:00	08:00	17:00		11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA | Provider CCN: 14-0145 | Component CCN: 14-8570 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-8 | Date/Time Prepared: 12/4/2017 2:59 pm

RHC II | Cost

				1.00		
	Clinic Address and Identification					
1.00	Street			1110 MULLIKEN STREET		1.00
		City		State	ZIP Code	
		1.00		2.00	3.00	
2.00	City, State, ZIP Code, County	CARLYLE		IL	62231	2.00
					1.00	
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban				0	3.00
			Grant Award		Date	
			1.00		2.00	
	Source of Federal Funds					
4.00	Community Health Center (Section 330(d), PHS Act)					4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)					5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)					6.00
7.00	Appalachian Regional Commission					7.00
8.00	Look-Alikes					8.00
9.00	OTHER (SPECIFY)					9.00
				1.00	2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N	0	10.00

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

		1.00	2.00		
12.00	Have you received an approval for an exception to the productivity standard?				12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	N	0		13.00

				Provider name		CCN number
				1.00		2.00
14.00	RHC/FQHC name, CCN number					14.00

		Y/N	V	XVIII	XIX	Total Visits	
		1.00	2.00	3.00	4.00	5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)						15.00

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

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

Provider CCN: 14-0145
Component CCN: 14-8570

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-8

Date/Time Prepared:
12/4/2017 2:59 pm

RHC II

Cost

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-10 | Date/Time Prepared: 12/4/2017 2:59 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.365924	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	953,106	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?	Y	4.00
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	4,716,626	6.00
7.00	Medicaid cost (line 1 times line 6)	1,725,927	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)	772,821	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (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
	Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	772,821	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
	Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	1,616,575	850,656	2,467,231	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	591,544	850,656	1,442,200	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	591,544	850,656	1,442,200	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, enter the charges for patient days beyond the indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	1,831,265	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	64,666	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	99,486	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)	1,731,779	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	668,519	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	2,110,719	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	2,883,540	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 12/4/2017 2:59 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		1,150,522	1,150,522	291,864	1,442,386	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	1,458,283	1,458,283	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	5,851,527	5,851,527	-6,915	5,844,612	4.00
5.01	00540	NONPATIENT TELEPHONES	0	47,588	47,588	78,257	125,845	5.01
5.02	00550	DATA PROCESSING	25,582	2,345,876	2,371,458	-287,411	2,084,047	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	150,626	114,180	264,806	-36,231	228,575	5.03
5.04	00570	ADMITTING	492,410	11,882	504,292	-3,217	501,075	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	ADMIN & GENERAL	2,230,755	5,498,054	7,728,809	-27,767	7,701,042	5.06
7.00	00700	OPERATION OF PLANT	515,765	1,315,833	1,831,598	59,366	1,890,964	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	24,219	101,079	125,298	34,086	159,384	8.00
9.00	00900	HOUSEKEEPING	431,757	254,332	686,089	-2,201	683,888	9.00
10.00	01000	DIETARY	258,586	229,041	487,627	-413,984	73,643	10.00
11.00	01100	CAFETERIA	0	0	0	406,108	406,108	11.00
13.00	01300	NURSING ADMINISTRATION	665,378	14,299	679,677	-22,791	656,886	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	284,010	131,279	415,289	-20,140	395,149	16.00
17.00	01700	SOCIAL SERVICE	88,185	17,057	105,242	-5,057	100,185	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	688,750	688,750	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,710,381	253,920	1,964,301	-207,913	1,756,388	30.00
31.00	03100	INTENSIVE CARE UNIT	1,885	1,923	3,808	-1,598	2,210	31.00
43.00	04300	NURSERY	259,543	104,853	364,396	-60,342	304,054	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,402,690	1,183,323	2,586,013	-921,043	1,664,970	50.00
51.00	05100	RECOVERY ROOM	33,523	13,901	47,424	-13,609	33,815	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	424,043	62,562	486,605	-45,590	441,015	52.00
53.00	05300	ANESTHESIOLOGY	37,792	1,389,352	1,427,144	-764,897	662,247	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,220,371	527,344	1,747,715	-331,321	1,416,394	54.00
57.00	05700	CT SCAN	127,950	246,443	374,393	-121,551	252,842	57.00
58.00	05800	MRI	9,261	97,139	106,400	-6,222	100,178	58.00
60.00	06000	LABORATORY	1,018,634	1,645,722	2,664,356	-272,578	2,391,778	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	119,444	119,444	-75	119,369	63.00
65.00	06500	RESPIRATORY THERAPY	352,365	201,413	553,778	-121,945	431,833	65.00
66.00	06600	PHYSICAL THERAPY	1,143,430	401,460	1,544,890	-118,512	1,426,378	66.00
69.00	06900	ELECTROCARDIOLOGY	21,842	74,254	96,096	-33,537	62,559	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	44,460	9,219	53,679	2,570	56,249	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	60,071	232,866	292,937	993,447	1,286,384	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	391,289	391,289	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	470,131	1,536,918	2,007,049	135,945	2,142,994	73.00
76.97	07697	CARDIAC REHABILITATION	89,940	20,556	110,496	-4,377	106,119	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	1,518,544	4,873,469	6,392,013	-81,580	6,310,433	88.00
88.01	08801	RURAL HEALTH CLINIC II	161,347	703,653	865,000	-16,445	848,555	88.01
91.00	09100	EMERGENCY	936,913	622,463	1,559,376	-62,683	1,496,693	91.00
91.01	09101	PRIORITY CARE CARLYLE	348,142	362,879	711,021	-52,641	658,380	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		203,466	203,466	0	203,466	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,560,531	31,971,091	48,531,622	475,792	49,007,414	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	156,476	2,316,858	2,473,334	-480,201	1,993,133	192.00
194.00	07950	LIFELINE	2,551	14,839	17,390	4,409	21,799	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
200.00		TOTAL (SUM OF LINES 118-199)	16,719,558	34,302,788	51,022,346	0	51,022,346	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 12/4/2017 2:59 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	1,442,386		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	1,458,283		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	807,373	6,651,985		4.00
5.01	00540	NONPATIENT TELEPHONES	0	125,845		5.01
5.02	00550	DATA PROCESSING	1,127,673	3,211,720		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-1,186	227,389		5.03
5.04	00570	ADMITTING	0	501,075		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0		5.05
5.06	00590	ADMIN & GENERAL	-1,524,372	6,176,670		5.06
7.00	00700	OPERATION OF PLANT	0	1,890,964		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-315	159,069		8.00
9.00	00900	HOUSEKEEPING	0	683,888		9.00
10.00	01000	DIETARY	-10,799	62,844		10.00
11.00	01100	CAFETERIA	0	406,108		11.00
13.00	01300	NURSING ADMINISTRATION	0	656,886		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0		14.00
15.00	01500	PHARMACY	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-12,364	382,785		16.00
17.00	01700	SOCIAL SERVICE	0	100,185		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-688,750	0		19.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	1,756,388		30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,210		31.00
43.00	04300	NURSERY	-32,218	271,836		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-61,963	1,603,007		50.00
51.00	05100	RECOVERY ROOM	0	33,815		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	441,015		52.00
53.00	05300	ANESTHESIOLOGY	0	662,247		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-300	1,416,094		54.00
57.00	05700	CT SCAN	0	252,842		57.00
58.00	05800	MRI	0	100,178		58.00
60.00	06000	LABORATORY	-22,438	2,369,340		60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	119,369		63.00
65.00	06500	RESPIRATORY THERAPY	-26,503	405,330		65.00
66.00	06600	PHYSICAL THERAPY	-16,931	1,409,447		66.00
69.00	06900	ELECTROCARDIOLOGY	-31,115	31,444		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	56,249		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	1,286,384		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	391,289		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-500	2,142,494		73.00
76.97	07697	CARDIAC REHABILITATION	0	106,119		76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	240,863	6,551,296		88.00
88.01	08801	RURAL HEALTH CLINIC II	37,522	886,077		88.01
91.00	09100	EMERGENCY	-521,361	975,332		91.00
91.01	09101	PRIORITY CARE CARLYLE	-219,637	438,743		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				92.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	-203,466	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-1,160,787	47,846,627		118.00
		NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS PRIVATE OFFICES	-1,356,295	636,838		192.00
194.00	07950	LIFELINE	0	21,799		194.00
194.01	07951	DEVELOPMENT	0	0		194.01
200.00		TOTAL (SUM OF LINES 118-199)	-2,517,082	48,505,264		200.00

RECLASSIFICATIONS | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 12/4/2017 2:59 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - RECLASS NON-PHYSICIAN ANESTHETISTIS				
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	688,750	1.00
	0		0	688,750	
	B - TO RECLASS CAFETERIA COST				
1.00	CAFETERIA	11.00	219,397	186,711	1.00
	0		219,397	186,711	
	C - TO RECLASS MANAGERS SALARY				
1.00	ADMIN & GENERAL	5.06	21,724	0	1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	35,740	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	108	0	3.00
4.00	NURSERY	43.00	791	0	4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	15,344	0	5.00
6.00	CT SCAN	57.00	20,851	0	6.00
7.00	MRI	58.00	1,514	0	7.00
8.00	ELECTROCARDIOLOGY	69.00	3,109	0	8.00
9.00	ELECTROENCEPHALOGRAPHY	70.00	7,171	0	9.00
10.00	CARDIAC REHABILITATION	76.97	13,307	0	10.00
	0		119,659	0	
	D - RECLASS SOCIAL SERV SLRY TO LIFELIN				
1.00	LIFELINE	194.00	4,409	0	1.00
	0		4,409	0	
	E - PHARMACY RECLASS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	126,378	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	146	2.00
3.00		0.00	0	0	3.00
	0		0	126,524	
	F - PLANT OP RECLASS				
1.00	OPERATION OF PLANT	7.00	0	116,079	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	0		0	116,079	
	G - TELEPHONE RECLASS				
1.00	NONPATIENT TELEPHONES	5.01	0	78,535	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	0		0	78,535	
	H - PROPERTY TAX RECLASS				
1.00	RURAL HEALTH CLINIC	88.00	0	3,508	1.00
	0		0	3,508	
	I - IMPLANTS RECLASS				
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	997,844	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	391,289	2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	1,360	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	16,531	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00

RECLASSIFICATIONS | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 12/4/2017 2:59 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
	0		0	1,407,024		
	J - DEPRECIATION RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	291,864		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,458,283		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
	0		0	1,750,147		
500.00	Grand Total: Increases		343,465	4,357,278		500.00

RECLASSIFICATIONS | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 12/4/2017 2:59 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS NON-PHYSICIAN ANESTHETISTIS						
1.00	ANESTHESIOLOGY	53.00	0	688,750	0		1.00
	0		0	688,750			
	B - TO RECLASS CAFETERIA COST						
1.00	DIETARY	10.00	219,397	186,711	0		1.00
	0		219,397	186,711			
	C - TO RECLASS MANAGERS SALARY						
1.00	PURCHASING RECEIVING AND STORES	5.03	35,740	0	0		1.00
2.00	NURSING ADMINISTRATION	13.00	21,723	0	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	16,244	0	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	22,365	0	0		4.00
5.00	RESPIRATORY THERAPY	65.00	23,587	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
	0		119,659	0			
	D - RECLASS SOCIAL SERV SLRY TO LIFELIN						
1.00	SOCIAL SERVICE	17.00	4,409	0	0		1.00
	0		4,409	0			
	E - PHARMACY RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	66	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	96,483	0		2.00
3.00	CT SCAN	57.00	0	29,975	0		3.00
	0		0	126,524			
	F - PLANT OP RECLASS						
1.00	LABORATORY	60.00	0	445	0		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	158	0		2.00
3.00	RURAL HEALTH CLINIC	88.00	0	11,852	0		3.00
4.00	RURAL HEALTH CLINIC II	88.01	0	4,993	0		4.00
5.00	PRIORITY CARE CARLYLE	91.01	0	4,034	0		5.00
6.00	PHYSICIANS PRIVATE OFFICES	192.00	0	94,597	0		6.00
	0		0	116,079			
	G - TELEPHONE RECLASS						
1.00	ADMIN & GENERAL	5.06	0	1,517	0		1.00
2.00	OPERATION OF PLANT	7.00	0	3,822	0		2.00
3.00	PHYSICAL THERAPY	66.00	0	419	0		3.00
4.00	RURAL HEALTH CLINIC	88.00	0	32,272	0		4.00
5.00	RURAL HEALTH CLINIC II	88.01	0	11,452	0		5.00
6.00	PHYSICIANS PRIVATE OFFICES	192.00	0	29,053	0		6.00
	0		0	78,535			
	H - PROPERTY TAX RECLASS						
1.00	PHYSICIANS PRIVATE OFFICES	192.00	0	3,508	0		1.00
	0		0	3,508			
	I - IMPLANTS RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	100	0		1.00
2.00	DATA PROCESSING	5.02	0	8	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	713	0		3.00
4.00	ADMIN & GENERAL	5.06	0	6,572	0		4.00
5.00	OPERATION OF PLANT	7.00	0	351	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	6	0		6.00
7.00	HOUSEKEEPING	9.00	0	1,770	0		7.00
8.00	DIETARY	10.00	0	435	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	51	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	348	0		10.00
11.00	SOCIAL SERVICE	17.00	0	3	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	78,508	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	15	0		13.00
14.00	NURSERY	43.00	0	34,105	0		14.00
15.00	OPERATING ROOM	50.00	0	719,644	0		15.00
16.00	RECOVERY ROOM	51.00	0	350	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	24,821	0		17.00
18.00	ANESTHESIOLOGY	53.00	0	53,398	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	55,453	0		19.00
20.00	CT SCAN	57.00	0	12,103	0		20.00
21.00	MRI	58.00	0	6,584	0		21.00
22.00	LABORATORY	60.00	0	143,782	0		22.00
23.00	BLOOD STORING PROCESSING & TRA	63.00	0	75	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	87,597	0		24.00
25.00	PHYSICAL THERAPY	66.00	0	97,280	0		25.00

RECLASSIFICATIONS | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 12/4/2017 2:59 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
26.00	ELECTROCARDIOLOGY	69.00	0	1,050	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	243	0		27.00
28.00	CARDIAC REHABILITATION	76.97	0	1,318	0		28.00
29.00	EMERGENCY	91.00	0	49,036	0		29.00
30.00	PRIORITY CARE CARLYLE	91.01	0	31,305	0		30.00
	0		0	1,407,024			
	J - DEPRECIATION RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,815	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	278	9		2.00
3.00	DATA PROCESSING	5.02	0	287,403	0		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	1,138	0		4.00
5.00	ADMITTING	5.04	0	3,217	0		5.00
6.00	ADMIN & GENERAL	5.06	0	41,402	0		6.00
7.00	OPERATION OF PLANT	7.00	0	52,540	0		7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	1,648	0		8.00
9.00	HOUSEKEEPING	9.00	0	431	0		9.00
10.00	DIETARY	10.00	0	7,441	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	1,017	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	19,792	0		12.00
13.00	SOCIAL SERVICE	17.00	0	645	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	113,095	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	1,691	0		15.00
16.00	NURSERY	43.00	0	27,028	0		16.00
17.00	OPERATING ROOM	50.00	0	201,399	0		17.00
18.00	RECOVERY ROOM	51.00	0	13,259	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	36,113	0		19.00
20.00	ANESTHESIOLOGY	53.00	0	22,749	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	157,020	0		21.00
22.00	CT SCAN	57.00	0	100,324	0		22.00
23.00	MRI	58.00	0	1,152	0		23.00
24.00	LABORATORY	60.00	0	128,351	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	10,761	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	20,813	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	35,596	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,358	0		28.00
29.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	4,543	0		29.00
30.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,806	0		30.00
31.00	CARDIAC REHABILITATION	76.97	0	16,366	0		31.00
32.00	RURAL HEALTH CLINIC	88.00	0	40,964	0		32.00
33.00	EMERGENCY	91.00	0	13,647	0		33.00
34.00	PRIORITY CARE CARLYLE	91.01	0	17,302	0		34.00
35.00	PHYSICIANS PRIVATE OFFICES	192.00	0	353,043	0		35.00
	0		0	1,750,147			
500.00	Grand Total: Decreases		343,465	4,357,278			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-7 Part I | Date/Time Prepared: 12/4/2017 2:59 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,634,797	0	0	0	556	1.00
2.00	Land Improvements	3,849,387	10,497	0	10,497	0	2.00
3.00	Buildings and Fixtures	34,073,167	91,651	0	91,651	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	22,850,752	151,844	0	151,844	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	62,408,103	253,992	0	253,992	556	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	62,408,103	253,992	0	253,992	556	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	1,634,241	0	1.00
2.00	Land Improvements	3,859,884	0	2.00
3.00	Buildings and Fixtures	34,164,818	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	23,002,596	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	62,661,539	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	62,661,539	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-7 Part II | Date/Time Prepared: 12/4/2017 2:59 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	1,150,522	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,150,522	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	1,150,522	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	Total (sum of lines 1-2)	0	1,150,522	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-7 Part III Date/Time Prepared: 12/4/2017 2:59 pm

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	39,658,943	0	39,658,943	0.632907	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	23,002,596	0	23,002,596	0.367093	0	2.00
3.00	Total (sum of lines 1-2)	62,661,539	0	62,661,539	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,442,386	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,458,283	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,900,669	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	1,442,386	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,458,283	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	2,900,669	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 12/4/2017 2:59 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-904,562			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	1,549,420			0	12.00
13.00	Laundry and linen service	B	-315	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00	Cafeteria-employees and guests	B	-10,799	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-500	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-12,364	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)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		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	*** Cost Center Deleted ***	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	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	INTEREST EXPENSE	A	-203,466	INTEREST EXPENSE	113.00	0	33.00
33.01	DEFINED PENSION ADJUSTMENT	A	2,458,891	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 12/4/2017 2:59 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
34.00	MISCELLANEOUS INCOME	B	-2,755	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.00
35.00	MISCELLANEOUS INCOME	B	-1,186	PURCHASING RECEIVING AND STORES	5.03	0	35.00
36.00	MISCELLANEOUS INCOME	B	-209,469	ADMIN & GENERAL	5.06	0	36.00
37.00	MISCELLANEOUS INCOME	B	-423	NURSERY	43.00	0	37.00
38.00	MISCELLANEOUS INCOME	B	-8,976	PHYSICAL THERAPY	66.00	0	38.00
39.00	MISCELLANEOUS INCOME	B	-18,789	EMERGENCY	91.00	0	39.00
39.01	MISCELLANEOUS INCOME	B	-300	RADIOLOGY-DIAGNOSTIC	54.00	0	39.01
39.02	BANK FEES	B	9,237	RURAL HEALTH CLINIC	88.00	0	39.02
39.03	LOBBYING EXPENSES	A	-16,399	ADMIN & GENERAL	5.06	0	39.03
40.00	MARKETING	A	-214	RURAL HEALTH CLINIC	88.00	0	40.00
41.00	MARKETING	A	-98,990	ADMIN & GENERAL	5.06	0	41.00
42.00	CRNA	A	-688,750	NONPHYSICIAN ANESTHETISTS	19.00	0	42.00
43.00	MEDICAID PROVIDER TAX	A	-1,350,715	ADMIN & GENERAL	5.06	0	43.00
44.00	NON-ALLOWABLE EXPENSE	A	-600	ADMIN & GENERAL	5.06	0	44.00
45.00	EMPLOYEE SELF-INSURANCE	A	-1,648,763	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.00
46.00	MEDICAL GROUP EXPENSE	A	-1,356,295	PHYSICIANS PRIVATE OFFICES	192.00	0	46.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-2,517,082				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.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8-1 | Date/Time Prepared: 12/4/2017 2:59 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.02	DATA PROCESSING	INFORMATION SYSTEMS -- ISC M	3,182,732	2,055,059	1.00
2.00	5.06	ADMIN & GENERAL	ADMINISTRATION -- SSC MANAGE	1,229,745	1,053,205	2.00
3.00	5.06	ADMIN & GENERAL	ADMINISTRATION -- PURCHASED	0	24,155	3.00
4.00	88.00	RURAL HEALTH CLINIC	RHC (CONSOLIDATED) -- MEDICA	231,840	0	4.00
4.01	88.01	RURAL HEALTH CLINIC II	RHC (RIVERA) -- MEDICAL GROU	37,522	0	4.01
4.02	0.00			0	0	4.02
4.03	0.00			0	0	4.03
4.04	0.00			0	0	4.04
4.05	0.00			0	0	4.05
4.06	0.00			0	0	4.06
4.07	0.00			0	0	4.07
4.08	0.00			0	0	4.08
4.09	0.00			0	0	4.09
4.10	0.00			0	0	4.10
4.11	0.00			0	0	4.11
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			4,681,839	3,132,419	5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate.Positive amounts increase cost and negative amounts decrease cost.For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

				Related Organization(s) and/or Home Office		
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B		100.00	HSHS	0.00	6.00
7.00	G		0.00	HSHS MEDICAL GROUP	0.00	7.00
8.00	G		0.00	ST. ELIZABETH BELLEVILLE	0.00	8.00
9.00	G		0.00	ST. JOHNS HOSPITAL	0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	SISTER				100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
B. Corporation, partnership, or other organization has financial interest in provider.
C. Provider has financial interest in corporation, partnership, or other organization.
D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
E. Individual is director, officer, administrator, or key person of provider and related organization.
F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 14-0145	Period: From 07/01/2016 To 06/30/2017	Worksheet A-8-1 Date/Time Prepared: 12/4/2017 2:59 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	1,127,673	0		1.00
2.00	176,540	0		2.00
3.00	-24,155	0		3.00
4.00	231,840	0		4.00
4.01	37,522	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
5.00	1,549,420			5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate.Positive amounts increase cost and negative amounts decrease cost.For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	CORPORATE OFFICE		6.00
7.00	PHYSICIAN OFFICES		7.00
8.00	SISTER HOSPITAL		8.00
9.00	SISTER HOSPITAL		9.00
10.00			10.00
100.00			100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
B. Corporation, partnership, or other organization has financial interest in provider.
C. Provider has financial interest in corporation, partnership, or other organization.
D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
E. Individual is director, officer, administrator, or key person of provider and related organization.
F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8-2 | Date/Time Prepared: 12/4/2017 2:59 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	5.06	ADMIN & GENERAL	1,499	150	1,349	211,500	9	1.00
2.00	43.00	NURSERY	36,371	31,001	5,370	211,500	45	2.00
3.00	50.00	OPERATING ROOM	61,963	61,963	0	246,400	0	3.00
4.00	60.00	LABORATORY	108,844	22,438	86,406	260,300	691	4.00
5.00	65.00	RESPIRATORY THERAPY	78,870	17,070	61,800	211,500	515	5.00
6.00	66.00	PHYSICAL THERAPY	60,220	0	60,220	211,500	514	6.00
7.00	69.00	ELECTROCARDIOLOGY	31,115	31,115	0	211,500	0	7.00
8.00	91.00	EMERGENCY	502,572	502,572	0	211,500	0	8.00
9.00	91.01	PRIORITY CARE CARLYLE	219,637	219,637	0	211,500	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,101,091	885,946	215,145		1,774	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	5.06	ADMIN & GENERAL	915	46	0	0	0	1.00
2.00	43.00	NURSERY	4,576	229	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	60.00	LABORATORY	86,475	4,324	0	0	0	4.00
5.00	65.00	RESPIRATORY THERAPY	52,367	2,618	0	0	0	5.00
6.00	66.00	PHYSICAL THERAPY	52,265	2,613	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	91.01	PRIORITY CARE CARLYLE	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			196,598	9,830	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	ADMIN & GENERAL	0	915	434	584		1.00
2.00	43.00	NURSERY	0	4,576	794	31,795		2.00
3.00	50.00	OPERATING ROOM	0	0	0	61,963		3.00
4.00	60.00	LABORATORY	0	86,475	0	22,438		4.00
5.00	65.00	RESPIRATORY THERAPY	0	52,367	9,433	26,503		5.00
6.00	66.00	PHYSICAL THERAPY	0	52,265	7,955	7,955		6.00
7.00	69.00	ELECTROCARDIOLOGY	0	0	0	31,115		7.00
8.00	91.00	EMERGENCY	0	0	0	502,572		8.00
9.00	91.01	PRIORITY CARE CARLYLE	0	0	0	219,637		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	196,598	18,616	904,562		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 12/4/2017 2:59 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			0	1.00	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,442,386	1,442,386				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,458,283		1,458,283			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,651,985	3,463	6,815	6,662,263		4.00
5.01	00540	NONPATIENT TELEPHONES	125,845	2,157	278	0	128,280	5.01
5.02	00550	DATA PROCESSING	3,211,720	14,911	287,403	10,194	6,645	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	227,389	39,679	1,138	45,779	923	5.03
5.04	00570	ADMITTING	501,075	9,940	3,214	196,211	923	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	10,369	0	0	0	5.05
5.06	00590	ADMIN & GENERAL	6,176,670	292,060	41,405	897,551	14,397	5.06
7.00	00700	OPERATION OF PLANT	1,890,964	74,214	52,540	205,517	4,245	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	159,069	20,738	1,648	23,892	185	8.00
9.00	00900	HOUSEKEEPING	683,888	8,523	431	172,043	1,292	9.00
10.00	01000	DIETARY	62,844	24,201	7,441	15,616	1,477	10.00
11.00	01100	CAFETERIA	406,108	14,848	0	87,423	0	11.00
13.00	01300	NURSING ADMINISTRATION	656,886	6,788	1,017	256,478	923	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	382,785	9,450	19,792	113,170	5,537	16.00
17.00	01700	SOCIAL SERVICE	100,185	1,369	645	33,382	1,107	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,756,388	88,433	113,095	675,064	23,257	30.00
31.00	03100	INTENSIVE CARE UNIT	2,210	14,447	1,691	794	1,107	31.00
43.00	04300	NURSERY	271,836	5,696	27,028	103,736	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,603,007	77,014	201,399	558,931	9,044	50.00
51.00	05100	RECOVERY ROOM	33,815	5,696	13,259	13,358	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	441,015	15,464	36,113	175,083	0	52.00
53.00	05300	ANESTHESIOLOGY	662,247	3,830	22,749	15,059	185	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,416,094	44,068	157,020	477,371	4,061	54.00
57.00	05700	CT SCAN	252,842	2,986	100,324	59,293	0	57.00
58.00	05800	MRI	100,178	2,129	1,152	4,294	0	58.00
60.00	06000	LABORATORY	2,369,340	29,434	128,351	405,896	3,507	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	119,369	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	405,330	8,993	10,761	131,008	2,030	65.00
66.00	06600	PHYSICAL THERAPY	1,409,447	111,950	20,813	455,624	6,460	66.00
69.00	06900	ELECTROCARDIOLOGY	31,444	0	35,596	9,942	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	56,249	4,839	4,358	20,573	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,286,384	6,083	4,543	23,937	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	391,289	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,142,494	5,572	6,806	187,334	923	73.00
76.97	07697	CARDIAC REHABILITATION	106,119	11,323	16,366	41,141	738	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	6,551,296	153,502	40,964	605,096	15,504	88.00
88.01	08801	RURAL HEALTH CLINIC II	886,077	26,766	0	64,292	0	88.01
91.00	09100	EMERGENCY	975,332	43,024	13,647	373,333	3,322	91.00
91.01	09101	PRIORITY CARE CARLYLE	438,743	13,563	17,302	138,724	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	47,846,627	1,207,522	1,397,104	6,597,139	107,792	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	636,838	234,864	61,179	62,351	20,488	192.00
194.00	07950	LIFELINE	21,799	0	0	2,773	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
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)	48,505,264	1,442,386	1,458,283	6,662,263	128,280	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I | Date/Time Prepared: 12/4/2017 2:59 pm

		Cost Center Description	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	3,530,873					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	314,908				5.03
5.04	00570	ADMITTING	0	449	711,812			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,530,873	0	0	3,541,242		5.05
5.06	00590	ADMIN & GENERAL	0	1,341	0	0	7,423,424	5.06
7.00	00700	OPERATION OF PLANT	0	4,348	0	0	2,231,828	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	191	0	0	205,723	8.00
9.00	00900	HOUSEKEEPING	0	804	0	0	866,981	9.00
10.00	01000	DIETARY	0	164	0	0	111,743	10.00
11.00	01100	CAFETERIA	0	0	0	0	508,379	11.00
13.00	01300	NURSING ADMINISTRATION	0	396	0	0	922,488	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	316	0	0	531,050	16.00
17.00	01700	SOCIAL SERVICE	0	101	0	0	136,789	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,765	20,338	101,188	2,779,528	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	14	71	20,334	31.00
43.00	04300	NURSERY	0	297	6,006	29,880	444,479	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	8,088	74,265	369,485	2,901,233	50.00
51.00	05100	RECOVERY ROOM	0	16	5,099	25,368	96,611	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	43	11,449	56,961	736,128	52.00
53.00	05300	ANESTHESIOLOGY	0	63	13,254	65,943	783,330	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,164	76,454	380,378	2,562,610	54.00
57.00	05700	CT SCAN	0	2,301	85,919	427,465	931,130	57.00
58.00	05800	MRI	0	5	23,631	117,569	248,958	58.00
60.00	06000	LABORATORY	0	39,870	157,622	784,021	3,918,041	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	7,893	3,607	17,946	148,815	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,558	7,945	39,530	607,155	65.00
66.00	06600	PHYSICAL THERAPY	0	522	30,216	150,333	2,185,365	66.00
69.00	06900	ELECTROCARDIOLOGY	0	71	9,512	47,323	133,888	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	260	5,007	24,910	116,196	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	81,648	19,497	97,001	1,519,093	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	26,082	4,393	21,854	443,618	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	89,308	35,770	177,964	2,646,171	73.00
76.97	07697	CARDIAC REHABILITATION	0	101	2,030	10,100	187,918	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	28,272	55,198	274,624	7,724,456	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	6,741	9,066	45,105	1,038,047	88.01
91.00	09100	EMERGENCY	0	629	46,576	231,724	1,687,587	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	3,168	8,944	44,499	664,943	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,530,873	313,975	711,812	3,541,242	47,464,039	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	933	0	0	1,016,653	192.00
194.00	07950	LIFELINE	0	0	0	0	24,572	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,530,873	314,908	711,812	3,541,242	48,505,264	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I | Date/Time Prepared: 12/4/2017 2:59 pm

		Cost Center Description	ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL	7,423,424					5.06
7.00	00700	OPERATION OF PLANT	403,287	2,635,115				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	37,174	54,889	297,786			8.00
9.00	00900	HOUSEKEEPING	156,662	22,559	18,394	1,064,596		9.00
10.00	01000	DIETARY	20,192	64,055	1,970	8,427	206,387	10.00
11.00	01100	CAFETERIA	91,863	39,300	0	16,854	0	11.00
13.00	01300	NURSING ADMINISTRATION	166,692	17,967	0	11,236	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	95,960	25,011	0	11,236	0	16.00
17.00	01700	SOCIAL SERVICE	24,717	3,623	0	5,618	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	502,255	234,064	115,175	179,773	206,387	30.00
31.00	03100	INTENSIVE CARE UNIT	3,674	38,239	3,348	33,708	0	31.00
43.00	04300	NURSERY	80,316	15,076	592	11,236	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	524,247	203,838	68,680	106,740	0	50.00
51.00	05100	RECOVERY ROOM	17,457	15,076	0	16,854	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	133,017	40,929	6,098	11,236	0	52.00
53.00	05300	ANESTHESIOLOGY	141,546	10,136	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	463,059	116,638	33,623	56,179	0	54.00
57.00	05700	CT SCAN	168,253	7,904	0	5,618	0	57.00
58.00	05800	MRI	44,986	5,635	0	5,618	0	58.00
60.00	06000	LABORATORY	707,982	77,905	644	28,090	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	26,891	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	109,712	23,803	0	8,427	0	65.00
66.00	06600	PHYSICAL THERAPY	394,891	296,307	15,440	22,472	0	66.00
69.00	06900	ELECTROCARDIOLOGY	24,193	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,996	12,807	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	274,497	16,101	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	80,161	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	478,158	14,747	0	25,281	0	73.00
76.97	07697	CARDIAC REHABILITATION	33,956	29,969	797	11,236	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	1,395,812	406,286	760	207,860	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	187,573	70,843	0	0	0	88.01
91.00	09100	EMERGENCY	304,944	113,876	30,337	78,651	0	91.00
91.01	09101	PRIORITY CARE CARLYLE	120,154	35,897	0	28,090	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,235,277	2,013,480	295,858	890,440	206,387	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	183,707	621,635	1,928	174,156	0	192.00
194.00	07950	LIFELINE	4,440	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
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)	7,423,424	2,635,115	297,786	1,064,596	206,387	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I | Date/Time Prepared: 12/4/2017 2:59 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	656,396					11.00
13.00	01300	NURSING ADMINISTRATION	22,225	1,140,608				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	25,296	0	0	0	688,553	16.00
17.00	01700	SOCIAL SERVICE	3,527	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	89,023	258,712	0	0	307,510	30.00
31.00	03100	INTENSIVE CARE UNIT	61	149	0	0	0	31.00
43.00	04300	NURSERY	10,915	31,717	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	65,156	189,403	0	0	85,742	50.00
51.00	05100	RECOVERY ROOM	1,733	5,056	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,350	67,835	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,018	0	0	0	103,181	54.00
57.00	05700	CT SCAN	5,746	0	0	0	0	57.00
58.00	05800	MRI	426	0	0	0	0	58.00
60.00	06000	LABORATORY	58,437	0	0	0	56,968	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	65,764	0	0	0	581	66.00
69.00	06900	ELECTROCARDIOLOGY	1,307	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	304	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	5,351	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	15,202	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	5,655	16,464	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	111,738	324,792	0	0	54,642	88.00
88.01	08801	RURAL HEALTH CLINIC II	9,547	27,765	0	0	0	88.01
91.00	09100	EMERGENCY	43,964	127,793	0	0	47,376	91.00
91.01	09101	PRIORITY CARE CARLYLE	19,033	55,335	0	0	4,360	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	643,778	1,105,021	0	0	660,360	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	12,253	35,587	0	0	28,193	192.00
194.00	07950	LIFELINE	365	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
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)	656,396	1,140,608	0	0	688,553	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I | Date/Time Prepared: 12/4/2017 2:59 pm

		Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	174,274					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	164,005	0	4,836,432	0	4,836,432	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	99,513	0	99,513	31.00
43.00	04300	NURSERY	0	0	594,331	0	594,331	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	4,145,039	0	4,145,039	50.00
51.00	05100	RECOVERY ROOM	0	0	152,787	0	152,787	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,018,593	0	1,018,593	52.00
53.00	05300	ANESTHESIOLOGY	0	0	935,012	0	935,012	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,395,308	0	3,395,308	54.00
57.00	05700	CT SCAN	0	0	1,118,651	0	1,118,651	57.00
58.00	05800	MRI	0	0	305,623	0	305,623	58.00
60.00	06000	LABORATORY	0	0	4,848,067	0	4,848,067	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	175,706	0	175,706	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	749,097	0	749,097	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,980,820	0	2,980,820	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	159,388	0	159,388	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	150,303	0	150,303	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	1,815,042	0	1,815,042	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	523,779	0	523,779	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,179,559	0	3,179,559	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	285,995	0	285,995	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	10,226,346	0	10,226,346	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	1,333,775	0	1,333,775	88.01
91.00	09100	EMERGENCY	10,269	0	2,444,797	0	2,444,797	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	0	927,812	0	927,812	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0		92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	174,274	0	46,401,775	0	46,401,775	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	2,074,112	0	2,074,112	192.00
194.00	07950	LIFELINE	0	0	29,377	0	29,377	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	174,274	0	48,505,264	0	48,505,264	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II | Date/Time Prepared: 12/4/2017 2:59 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	3,463	6,815	10,278	10,278	4.00
5.01	00540	NONPATIENT TELEPHONES	0	2,157	278	2,435	0	5.01
5.02	00550	DATA PROCESSING	822,575	14,911	287,403	1,124,889	16	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	39,679	1,138	40,817	71	5.03
5.04	00570	ADMITTING	0	9,940	3,214	13,154	303	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	10,369	0	10,369	0	5.05
5.06	00590	ADMIN & GENERAL	33,972	292,060	41,405	367,437	1,380	5.06
7.00	00700	OPERATION OF PLANT	450	74,214	52,540	127,204	317	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	20,738	1,648	22,386	37	8.00
9.00	00900	HOUSEKEEPING	0	8,523	431	8,954	266	9.00
10.00	01000	DIETARY	0	24,201	7,441	31,642	24	10.00
11.00	01100	CAFETERIA	0	14,848	0	14,848	135	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,788	1,017	7,805	396	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	9,450	19,792	29,242	175	16.00
17.00	01700	SOCIAL SERVICE	0	1,369	645	2,014	52	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,183	88,433	113,095	202,711	1,042	30.00
31.00	03100	INTENSIVE CARE UNIT	0	14,447	1,691	16,138	1	31.00
43.00	04300	NURSERY	0	5,696	27,028	32,724	160	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	77,014	201,399	278,413	863	50.00
51.00	05100	RECOVERY ROOM	0	5,696	13,259	18,955	21	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,464	36,113	51,577	270	52.00
53.00	05300	ANESTHESIOLOGY	0	3,830	22,749	26,579	23	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	44,068	157,020	201,088	737	54.00
57.00	05700	CT SCAN	0	2,986	100,324	103,310	92	57.00
58.00	05800	MRI	0	2,129	1,152	3,281	7	58.00
60.00	06000	LABORATORY	57,345	29,434	128,351	215,130	626	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	8,993	10,761	19,754	202	65.00
66.00	06600	PHYSICAL THERAPY	0	111,950	20,813	132,763	703	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	35,596	35,596	15	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	720	4,839	4,358	9,917	32	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	6,083	4,543	10,626	37	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	125,787	5,572	6,806	138,165	289	73.00
76.97	07697	CARDIAC REHABILITATION	0	11,323	16,366	27,689	63	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	78,963	153,502	40,964	273,429	934	88.00
88.01	08801	RURAL HEALTH CLINIC II	39,160	26,766	0	65,926	99	88.01
91.00	09100	EMERGENCY	26,928	43,024	13,647	83,599	576	91.00
91.01	09101	PRIORITY CARE CARLYLE	34,681	13,563	17,302	65,546	214	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0		92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,221,764	1,207,522	1,397,104	3,826,390	10,178	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	3,036	234,864	61,179	299,079	96	192.00
194.00	07950	LIFELINE	0	0	0	0	4	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
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)	1,224,800	1,442,386	1,458,283	4,125,469	10,278	202.00

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		Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	2,435					5.01
5.02	00550	DATA PROCESSING	126	1,125,031				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	18	0	40,906			5.03
5.04	00570	ADMITTING	18	0	58	13,533		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,125,031	0	0	1,135,400	5.05
5.06	00590	ADMIN & GENERAL	273	0	174	0	0	5.06
7.00	00700	OPERATION OF PLANT	81	0	565	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4	0	25	0	0	8.00
9.00	00900	HOUSEKEEPING	25	0	104	0	0	9.00
10.00	01000	DIETARY	28	0	21	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	18	0	51	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	105	0	41	0	0	16.00
17.00	01700	SOCIAL SERVICE	21	0	13	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	437	0	229	388	32,444	30.00
31.00	03100	INTENSIVE CARE UNIT	21	0	0	0	23	31.00
43.00	04300	NURSERY	0	0	39	114	9,581	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	172	0	1,051	1,416	118,469	50.00
51.00	05100	RECOVERY ROOM	0	0	2	97	8,134	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	6	218	18,264	52.00
53.00	05300	ANESTHESIOLOGY	4	0	8	253	21,143	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	77	0	931	1,457	121,962	54.00
57.00	05700	CT SCAN	0	0	299	1,638	137,059	57.00
58.00	05800	MRI	0	0	1	450	37,697	58.00
60.00	06000	LABORATORY	67	0	5,179	2,969	251,341	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	1,025	69	5,754	63.00
65.00	06500	RESPIRATORY THERAPY	39	0	202	151	12,675	65.00
66.00	06600	PHYSICAL THERAPY	123	0	68	576	48,202	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	9	181	15,173	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	34	95	7,987	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	10,605	372	31,102	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	3,388	84	7,007	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18	0	11,603	682	57,061	73.00
76.97	07697	CARDIAC REHABILITATION	14	0	13	39	3,239	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	294	0	3,672	1,052	88,054	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	876	173	14,462	88.01
91.00	09100	EMERGENCY	63	0	82	888	74,299	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	0	411	171	14,268	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,046	1,125,031	40,785	13,533	1,135,400	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	389	0	121	0	0	192.00
194.00	07950	LIFELINE	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
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)	2,435	1,125,031	40,906	13,533	1,135,400	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II | Date/Time Prepared: 12/4/2017 2:59 pm

		Cost Center Description	ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL	369,264					5.06
7.00	00700	OPERATION OF PLANT	20,060	148,227				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,849	3,088	27,389			8.00
9.00	00900	HOUSEKEEPING	7,792	1,269	1,692	20,102		9.00
10.00	01000	DIETARY	1,004	3,603	181	159	36,662	10.00
11.00	01100	CAFETERIA	4,569	2,211	0	318	0	11.00
13.00	01300	NURSING ADMINISTRATION	8,291	1,011	0	212	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	4,773	1,407	0	212	0	16.00
17.00	01700	SOCIAL SERVICE	1,229	204	0	106	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	24,982	13,166	10,594	3,395	36,662	30.00
31.00	03100	INTENSIVE CARE UNIT	183	2,151	308	636	0	31.00
43.00	04300	NURSERY	3,995	848	54	212	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	26,076	11,466	6,317	2,016	0	50.00
51.00	05100	RECOVERY ROOM	868	848	0	318	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,616	2,302	561	212	0	52.00
53.00	05300	ANESTHESIOLOGY	7,041	570	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,033	6,561	3,093	1,061	0	54.00
57.00	05700	CT SCAN	8,369	445	0	106	0	57.00
58.00	05800	MRI	2,238	317	0	106	0	58.00
60.00	06000	LABORATORY	35,215	4,382	59	530	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	1,338	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	5,457	1,339	0	159	0	65.00
66.00	06600	PHYSICAL THERAPY	19,642	16,667	1,420	424	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,203	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,044	720	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	13,654	906	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,987	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,784	830	0	477	0	73.00
76.97	07697	CARDIAC REHABILITATION	1,689	1,686	73	212	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	69,449	22,854	70	3,928	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	9,330	3,985	0	0	0	88.01
91.00	09100	EMERGENCY	15,168	6,406	2,790	1,485	0	91.00
91.01	09101	PRIORITY CARE CARLYLE	5,977	2,019	0	530	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	359,905	113,261	27,212	16,814	36,662	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	9,138	34,966	177	3,288	0	192.00
194.00	07950	LIFELINE	221	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
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)	369,264	148,227	27,389	20,102	36,662	202.00

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		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	22,081					11.00
13.00	01300	NURSING ADMINISTRATION	748	18,532				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	851	0	0	0	36,806	16.00
17.00	01700	SOCIAL SERVICE	119	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,995	4,203	0	0	16,439	30.00
31.00	03100	INTENSIVE CARE UNIT	2	2	0	0	0	31.00
43.00	04300	NURSERY	367	515	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,192	3,077	0	0	4,583	50.00
51.00	05100	RECOVERY ROOM	58	82	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	786	1,102	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,019	0	0	0	5,515	54.00
57.00	05700	CT SCAN	193	0	0	0	0	57.00
58.00	05800	MRI	14	0	0	0	0	58.00
60.00	06000	LABORATORY	1,966	0	0	0	3,045	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,212	0	0	0	31	66.00
69.00	06900	ELECTROCARDIOLOGY	44	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	180	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	511	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	190	267	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	3,760	5,280	0	0	2,921	88.00
88.01	08801	RURAL HEALTH CLINIC II	321	451	0	0	0	88.01
91.00	09100	EMERGENCY	1,479	2,076	0	0	2,532	91.00
91.01	09101	PRIORITY CARE CARLYLE	640	899	0	0	233	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,657	17,954	0	0	35,299	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	412	578	0	0	1,507	192.00
194.00	07950	LIFELINE	12	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
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)	22,081	18,532	0	0	36,806	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II | Date/Time Prepared: 12/4/2017 2:59 pm

		Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	3,758					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,537		353,224	0	353,224	30.00
31.00	03100	INTENSIVE CARE UNIT	0		19,465	0	19,465	31.00
43.00	04300	NURSERY	0		48,609	0	48,609	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0		456,111	0	456,111	50.00
51.00	05100	RECOVERY ROOM	0		29,383	0	29,383	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		81,914	0	81,914	52.00
53.00	05300	ANESTHESIOLOGY	0		55,621	0	55,621	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		367,534	0	367,534	54.00
57.00	05700	CT SCAN	0		251,511	0	251,511	57.00
58.00	05800	MRI	0		44,111	0	44,111	58.00
60.00	06000	LABORATORY	0		520,509	0	520,509	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0		8,186	0	8,186	63.00
65.00	06500	RESPIRATORY THERAPY	0		39,978	0	39,978	65.00
66.00	06600	PHYSICAL THERAPY	0		222,831	0	222,831	66.00
69.00	06900	ELECTROCARDIOLOGY	0		52,221	0	52,221	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		19,839	0	19,839	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0		67,482	0	67,482	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		14,466	0	14,466	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		233,420	0	233,420	73.00
76.97	07697	CARDIAC REHABILITATION	0		35,174	0	35,174	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		475,697	0	475,697	88.00
88.01	08801	RURAL HEALTH CLINIC II	0		95,623	0	95,623	88.01
91.00	09100	EMERGENCY	221		191,664	0	191,664	91.00
91.01	09101	PRIORITY CARE CARLYLE	0		90,908	0	90,908	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0		92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,758	0	3,775,481	0	3,775,481	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	0		349,751	0	349,751	192.00
194.00	07950	LIFELINE	0		237	0	237	194.00
194.01	07951	DEVELOPMENT	0		0	0	0	194.01
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,758	0	4,125,469	0	4,125,469	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 12/4/2017 2:59 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (TIME SPENT)	
			1.00	2.00	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	208,659					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,458,283				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	501	6,815	16,719,558			4.00
5.01	00540	NONPATIENT TELEPHONES	312	278	0	695		5.01
5.02	00550	DATA PROCESSING	2,157	287,403	25,582	36	10,000	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,740	1,138	114,886	5	0	5.03
5.04	00570	ADMITTING	1,438	3,214	492,410	5	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,500	0	0	0	10,000	5.05
5.06	00590	ADMIN & GENERAL	42,250	41,405	2,252,479	78	0	5.06
7.00	00700	OPERATION OF PLANT	10,736	52,540	515,765	23	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,000	1,648	59,959	1	0	8.00
9.00	00900	HOUSEKEEPING	1,233	431	431,757	7	0	9.00
10.00	01000	DIETARY	3,501	7,441	39,189	8	0	10.00
11.00	01100	CAFETERIA	2,148	0	219,397	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	982	1,017	643,655	5	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	1,367	19,792	284,010	30	0	16.00
17.00	01700	SOCIAL SERVICE	198	645	83,776	6	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,793	113,095	1,694,137	126	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,090	1,691	1,993	6	0	31.00
43.00	04300	NURSERY	824	27,028	260,334	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,141	201,399	1,402,690	49	0	50.00
51.00	05100	RECOVERY ROOM	824	13,259	33,523	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,237	36,113	439,387	0	0	52.00
53.00	05300	ANESTHESIOLOGY	554	22,749	37,792	1	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,375	157,020	1,198,006	22	0	54.00
57.00	05700	CT SCAN	432	100,324	148,801	0	0	57.00
58.00	05800	MRI	308	1,152	10,775	0	0	58.00
60.00	06000	LABORATORY	4,258	128,351	1,018,634	19	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,301	10,761	328,778	11	0	65.00
66.00	06600	PHYSICAL THERAPY	16,195	20,813	1,143,430	35	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	35,596	24,951	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	700	4,358	51,631	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	880	4,543	60,071	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	806	6,806	470,131	5	0	73.00
76.97	07697	CARDIAC REHABILITATION	1,638	16,366	103,247	4	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	22,206	40,964	1,518,544	84	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	3,872	0	161,347	0	0	88.01
91.00	09100	EMERGENCY	6,224	13,647	936,913	18	0	91.00
91.01	09101	PRIORITY CARE CARLYLE	1,962	17,302	348,142	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	174,683	1,397,104	16,556,122	584	10,000	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	33,976	61,179	156,476	111	0	192.00
194.00	07950	LIFELINE	0	0	6,960	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
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)	1,442,386	1,458,283	6,662,263	128,280	3,530,873	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.912647	1.000000	0.398471	184.575540	353.087300	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			10,278	2,435	1,125,031	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000615	3.503597	112.503100	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 12/4/2017 2:59 pm

		Cost Center Description	PURCHASING RECEIVING AND STORES (SUPPLY EXP)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMIN & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	4,724,377					5.03
5.04	00570	ADMITTING	6,738	126,807,100				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	126,807,100			5.05
5.06	00590	ADMIN & GENERAL	20,119	0	0	-7,423,424	41,081,840	5.06
7.00	00700	OPERATION OF PLANT	65,227	0	0	0	2,231,828	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,864	0	0	0	205,723	8.00
9.00	00900	HOUSEKEEPING	12,064	0	0	0	866,981	9.00
10.00	01000	DIETARY	2,467	0	0	0	111,743	10.00
11.00	01100	CAFETERIA	0	0	0	0	508,379	11.00
13.00	01300	NURSING ADMINISTRATION	5,942	0	0	0	922,488	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	4,748	0	0	0	531,050	16.00
17.00	01700	SOCIAL SERVICE	1,518	0	0	0	136,789	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	26,486	3,623,427	3,623,427	0	2,779,528	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,551	2,551	0	20,334	31.00
43.00	04300	NURSERY	4,452	1,069,977	1,069,977	0	444,479	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	121,341	13,230,866	13,230,866	0	2,901,233	50.00
51.00	05100	RECOVERY ROOM	246	908,391	908,391	0	96,611	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	652	2,039,704	2,039,704	0	736,128	52.00
53.00	05300	ANESTHESIOLOGY	938	2,361,338	2,361,338	0	783,330	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	107,482	13,620,929	13,620,929	0	2,562,610	54.00
57.00	05700	CT SCAN	34,526	15,307,062	15,307,062	0	931,130	57.00
58.00	05800	MRI	76	4,210,021	4,210,021	0	248,958	58.00
60.00	06000	LABORATORY	598,149	28,073,953	28,073,953	0	3,918,041	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	118,414	642,618	642,618	0	148,815	63.00
65.00	06500	RESPIRATORY THERAPY	23,381	1,415,527	1,415,527	0	607,155	65.00
66.00	06600	PHYSICAL THERAPY	7,825	5,383,253	5,383,253	0	2,185,365	66.00
69.00	06900	ELECTROCARDIOLOGY	1,063	1,694,569	1,694,569	0	133,888	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,898	892,017	892,017	0	116,196	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,224,921	3,473,495	3,473,495	0	1,519,093	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	391,288	782,577	782,577	0	443,618	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,339,801	6,372,713	6,372,713	0	2,646,171	73.00
76.97	07697	CARDIAC REHABILITATION	1,513	361,684	361,684	0	187,918	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	424,150	9,834,006	9,834,006	0	7,724,456	88.00
88.01	08801	RURAL HEALTH CLINIC II	101,138	1,615,156	1,615,156	0	1,038,047	88.01
91.00	09100	EMERGENCY	9,430	8,297,804	8,297,804	0	1,687,587	91.00
91.01	09101	PRIORITY CARE CARLYLE	47,528	1,593,462	1,593,462	0	664,943	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,710,385	126,807,100	126,807,100	-7,423,424	40,040,615	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	13,992	0	0	0	1,016,653	192.00
194.00	07950	LIFELINE	0	0	0	0	24,572	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
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)	314,908	711,812	3,541,242		7,423,424	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.066656	0.005613	0.027926		0.180698	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	40,906	13,533	1,135,400		369,264	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.008658	0.000107	0.008954		0.008988	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 12/4/2017 2:59 pm

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERV ED)	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT	144,025					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,000	183,471				8.00
9.00	00900	HOUSEKEEPING	1,233	11,333	9,475			9.00
10.00	01000	DIETARY	3,501	1,214	75	10,000		10.00
11.00	01100	CAFETERIA	2,148	0	150	0	21,589	11.00
13.00	01300	NURSING ADMINISTRATION	982	0	100	0	731	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	1,367	0	100	0	832	16.00
17.00	01700	SOCIAL SERVICE	198	0	50	0	116	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,793	70,960	1,600	10,000	2,928	30.00
31.00	03100	INTENSIVE CARE UNIT	2,090	2,063	300	0	2	31.00
43.00	04300	NURSERY	824	365	100	0	359	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,141	42,315	950	0	2,143	50.00
51.00	05100	RECOVERY ROOM	824	0	150	0	57	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,237	3,757	100	0	768	52.00
53.00	05300	ANESTHESIOLOGY	554	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,375	20,716	500	0	1,974	54.00
57.00	05700	CT SCAN	432	0	50	0	189	57.00
58.00	05800	MRI	308	0	50	0	14	58.00
60.00	06000	LABORATORY	4,258	397	250	0	1,922	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,301	0	75	0	0	65.00
66.00	06600	PHYSICAL THERAPY	16,195	9,513	200	0	2,163	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	43	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	700	0	0	0	10	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	880	0	0	0	176	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	806	0	225	0	500	73.00
76.97	07697	CARDIAC REHABILITATION	1,638	491	100	0	186	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	22,206	468	1,850	0	3,675	88.00
88.01	08801	RURAL HEALTH CLINIC II	3,872	0	0	0	314	88.01
91.00	09100	EMERGENCY	6,224	18,691	700	0	1,446	91.00
91.01	09101	PRIORITY CARE CARLYLE	1,962	0	250	0	626	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	110,049	182,283	7,925	10,000	21,174	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	33,976	1,188	1,550	0	403	192.00
194.00	07950	LIFELINE	0	0	0	0	12	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,635,115	297,786	1,064,596	206,387	656,396	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.296233	1.623068	112.358417	20.638700	30.404187	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	148,227	27,389	20,102	36,662	22,081	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.029175	0.149282	2.121583	3.666200	1.022789	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 12/4/2017 2:59 pm

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	268,460					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0				14.00
15.00	01500	PHARMACY	0	0	0			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,369		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	594	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	60,892	0	0	1,058	559	30.00
31.00	03100	INTENSIVE CARE UNIT	35	0	0	0	0	31.00
43.00	04300	NURSERY	7,465	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	44,579	0	0	295	0	50.00
51.00	05100	RECOVERY ROOM	1,190	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,966	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	355	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	196	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	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	2	0	66.00
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 PAT	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
76.97	07697	CARDIAC REHABILITATION	3,875	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	76,445	0	0	188	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	6,535	0	0	0	0	88.01
91.00	09100	EMERGENCY	30,078	0	0	163	35	91.00
91.01	09101	PRIORITY CARE CARLYLE	13,024	0	0	15	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	260,084	0	0	2,272	594	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	8,376	0	0	97	0	192.00
194.00	07950	LIFELINE	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
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)	1,140,608	0	0	688,553	174,274	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.248707	0.000000	0.000000	290.651330	293.390572	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	18,532	0	0	36,806	3,758	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.069031	0.000000	0.000000	15.536513	6.326599	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 12/4/2017 2:59 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
			19.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	ADMIN & GENERAL			5.06
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	10,000		19.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0		31.00
43.00	04300	NURSERY	0		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	10,000		50.00
51.00	05100	RECOVERY ROOM	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		54.00
57.00	05700	CT SCAN	0		57.00
58.00	05800	MRI	0		58.00
60.00	06000	LABORATORY	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0		63.00
65.00	06500	RESPIRATORY THERAPY	0		65.00
66.00	06600	PHYSICAL THERAPY	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		73.00
76.97	07697	CARDIAC REHABILITATION	0		76.97
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0		88.01
91.00	09100	EMERGENCY	0		91.00
91.01	09101	PRIORITY CARE CARLYLE	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000		118.00
		NONREIMBURSABLE COST CENTERS			
192.00	19200	PHYSICIANS PRIVATE OFFICES	0		192.00
194.00	07950	LIFELINE	0		194.00
194.01	07951	DEVELOPMENT	0		194.01
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		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 12/4/2017 2:59 pm

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,836,432		4,836,432	0	4,836,432	30.00
31.00	03100	INTENSIVE CARE UNIT	99,513		99,513	0	99,513	31.00
43.00	04300	NURSERY	594,331		594,331	794	595,125	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,145,039		4,145,039	0	4,145,039	50.00
51.00	05100	RECOVERY ROOM	152,787		152,787	0	152,787	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,018,593		1,018,593	0	1,018,593	52.00
53.00	05300	ANESTHESIOLOGY	935,012		935,012	0	935,012	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,395,308		3,395,308	0	3,395,308	54.00
57.00	05700	CT SCAN	1,118,651		1,118,651	0	1,118,651	57.00
58.00	05800	MRI	305,623		305,623	0	305,623	58.00
60.00	06000	LABORATORY	4,848,067		4,848,067	0	4,848,067	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	175,706		175,706	0	175,706	63.00
65.00	06500	RESPIRATORY THERAPY	749,097	0	749,097	9,433	758,530	65.00
66.00	06600	PHYSICAL THERAPY	2,980,820	0	2,980,820	7,955	2,988,775	66.00
69.00	06900	ELECTROCARDIOLOGY	159,388		159,388	0	159,388	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	150,303		150,303	0	150,303	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,815,042		1,815,042	0	1,815,042	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	523,779		523,779	0	523,779	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,179,559		3,179,559	0	3,179,559	73.00
76.97	07697	CARDIAC REHABILITATION	285,995		285,995	0	285,995	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	10,226,346		10,226,346	0	10,226,346	88.00
88.01	08801	RURAL HEALTH CLINIC II	1,333,775		1,333,775	0	1,333,775	88.01
91.00	09100	EMERGENCY	2,444,797		2,444,797	0	2,444,797	91.00
91.01	09101	PRIORITY CARE CARLYLE	927,812		927,812	0	927,812	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	529,547		529,547		529,547	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	46,931,322	0	46,931,322	18,182	46,949,504	200.00
201.00		Less Observation Beds	529,547		529,547		529,547	201.00
202.00		Total (see instructions)	46,401,775	0	46,401,775	18,182	46,419,957	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 12/4/2017 2:59 pm

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,097,239		3,097,239			30.00
31.00	03100	INTENSIVE CARE UNIT	2,551		2,551			31.00
43.00	04300	NURSERY	1,069,977		1,069,977			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,784,165	11,446,701	13,230,866	0.313286	0.000000	50.00
51.00	05100	RECOVERY ROOM	154,960	753,431	908,391	0.168195	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,609,727	429,977	2,039,704	0.499383	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	389,060	1,972,278	2,361,338	0.395967	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	742,862	12,878,067	13,620,929	0.249271	0.000000	54.00
57.00	05700	CT SCAN	1,499,504	13,807,558	15,307,062	0.073081	0.000000	57.00
58.00	05800	MRI	75,657	4,134,364	4,210,021	0.072594	0.000000	58.00
60.00	06000	LABORATORY	2,947,639	25,126,314	28,073,953	0.172689	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	290,977	351,641	642,618	0.273422	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	763,474	652,053	1,415,527	0.529200	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	227,182	5,156,071	5,383,253	0.553721	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	130,962	1,563,607	1,694,569	0.094058	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	892,017	892,017	0.168498	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,562,020	1,911,475	3,473,495	0.522541	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	382,951	399,626	782,577	0.669300	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,913,524	4,459,189	6,372,713	0.498933	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	181	361,503	361,684	0.790732	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	9,834,006	9,834,006			88.00
88.01	08801	RURAL HEALTH CLINIC II	0	1,615,156	1,615,156			88.01
91.00	09100	EMERGENCY	965,622	7,332,182	8,297,804	0.294632	0.000000	91.00
91.01	09101	PRIORITY CARE CARLYLE	4,895	1,588,567	1,593,462	0.582262	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	77,716	448,472	526,188	1.006384	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	19,692,845	107,114,255	126,807,100			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	19,692,845	107,114,255	126,807,100			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 12/4/2017 2:59 pm

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		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.313286		50.00
51.00	05100	RECOVERY ROOM	0.168195		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.499383		52.00
53.00	05300	ANESTHESIOLOGY	0.395967		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.249271		54.00
57.00	05700	CT SCAN	0.073081		57.00
58.00	05800	MRI	0.072594		58.00
60.00	06000	LABORATORY	0.172689		60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.273422		63.00
65.00	06500	RESPIRATORY THERAPY	0.535864		65.00
66.00	06600	PHYSICAL THERAPY	0.555199		66.00
69.00	06900	ELECTROCARDIOLOGY	0.094058		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.168498		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.522541		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.669300		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.498933		73.00
76.97	07697	CARDIAC REHABILITATION	0.790732		76.97
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC			88.00
88.01	08801	RURAL HEALTH CLINIC II			88.01
91.00	09100	EMERGENCY	0.294632		91.00
91.01	09101	PRIORITY CARE CARLYLE	0.582262		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1.006384		92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 12/4/2017 2:59 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,836,432		4,836,432	0	4,836,432	30.00
31.00	03100	INTENSIVE CARE UNIT	99,513		99,513	0	99,513	31.00
43.00	04300	NURSERY	594,331		594,331	794	595,125	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,145,039		4,145,039	0	4,145,039	50.00
51.00	05100	RECOVERY ROOM	152,787		152,787	0	152,787	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,018,593		1,018,593	0	1,018,593	52.00
53.00	05300	ANESTHESIOLOGY	935,012		935,012	0	935,012	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,395,308		3,395,308	0	3,395,308	54.00
57.00	05700	CT SCAN	1,118,651		1,118,651	0	1,118,651	57.00
58.00	05800	MRI	305,623		305,623	0	305,623	58.00
60.00	06000	LABORATORY	4,848,067		4,848,067	0	4,848,067	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	175,706		175,706	0	175,706	63.00
65.00	06500	RESPIRATORY THERAPY	749,097	0	749,097	9,433	758,530	65.00
66.00	06600	PHYSICAL THERAPY	2,980,820	0	2,980,820	7,955	2,988,775	66.00
69.00	06900	ELECTROCARDIOLOGY	159,388		159,388	0	159,388	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	150,303		150,303	0	150,303	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,815,042		1,815,042	0	1,815,042	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	523,779		523,779	0	523,779	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,179,559		3,179,559	0	3,179,559	73.00
76.97	07697	CARDIAC REHABILITATION	285,995		285,995	0	285,995	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	10,226,346		10,226,346	0	10,226,346	88.00
88.01	08801	RURAL HEALTH CLINIC II	1,333,775		1,333,775	0	1,333,775	88.01
91.00	09100	EMERGENCY	2,444,797		2,444,797	0	2,444,797	91.00
91.01	09101	PRIORITY CARE CARLYLE	927,812		927,812	0	927,812	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	529,547		529,547		529,547	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	46,931,322	0	46,931,322	18,182	46,949,504	200.00
201.00		Less Observation Beds	529,547		529,547		529,547	201.00
202.00		Total (see instructions)	46,401,775	0	46,401,775	18,182	46,419,957	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 12/4/2017 2:59 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,097,239		3,097,239			30.00
31.00	03100	INTENSIVE CARE UNIT	2,551		2,551			31.00
43.00	04300	NURSERY	1,069,977		1,069,977			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,784,165	11,446,701	13,230,866	0.313286	0.000000	50.00
51.00	05100	RECOVERY ROOM	154,960	753,431	908,391	0.168195	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,609,727	429,977	2,039,704	0.499383	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	389,060	1,972,278	2,361,338	0.395967	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	742,862	12,878,067	13,620,929	0.249271	0.000000	54.00
57.00	05700	CT SCAN	1,499,504	13,807,558	15,307,062	0.073081	0.000000	57.00
58.00	05800	MRI	75,657	4,134,364	4,210,021	0.072594	0.000000	58.00
60.00	06000	LABORATORY	2,947,639	25,126,314	28,073,953	0.172689	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	290,977	351,641	642,618	0.273422	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	763,474	652,053	1,415,527	0.529200	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	227,182	5,156,071	5,383,253	0.553721	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	130,962	1,563,607	1,694,569	0.094058	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	892,017	892,017	0.168498	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,562,020	1,911,475	3,473,495	0.522541	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	382,951	399,626	782,577	0.669300	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,913,524	4,459,189	6,372,713	0.498933	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	181	361,503	361,684	0.790732	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	9,834,006	9,834,006	1.039896	0.000000	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	1,615,156	1,615,156	0.825787	0.000000	88.01
91.00	09100	EMERGENCY	965,622	7,332,182	8,297,804	0.294632	0.000000	91.00
91.01	09101	PRIORITY CARE CARLYLE	4,895	1,588,567	1,593,462	0.582262	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	77,716	448,472	526,188	1.006384	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	19,692,845	107,114,255	126,807,100			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	19,692,845	107,114,255	126,807,100			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 12/4/2017 2:59 pm

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
		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 & TRA	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	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
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000		88.01
91.00	09100	EMERGENCY	0.000000		91.00
91.01	09101	PRIORITY CARE CARLYLE	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000		92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part I Date/Time Prepared: 12/4/2017 2:59 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	353,224	0	353,224	3,635	97.17	30.00
31.00	INTENSIVE CARE UNIT	19,465		19,465	1	19,465.00	31.00
43.00	NURSERY	48,609		48,609	1,220	39.84	43.00
200.00	Total (lines 30-199)	421,298		421,298	4,856		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,509	146,630				30.00
31.00	INTENSIVE CARE UNIT	1	19,465				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30-199)	1,510	166,095				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part II Date/Time Prepared: 12/4/2017 2:59 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	456,111	13,230,866	0.034473	430,744	14,849	50.00
51.00	05100	RECOVERY ROOM	29,383	908,391	0.032346	31,541	1,020	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	81,914	2,039,704	0.040160	23,377	939	52.00
53.00	05300	ANESTHESIOLOGY	55,621	2,361,338	0.023555	94,650	2,229	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	367,534	13,620,929	0.026983	466,777	12,595	54.00
57.00	05700	CT SCAN	251,511	15,307,062	0.016431	1,024,839	16,839	57.00
58.00	05800	MRI	44,111	4,210,021	0.010478	44,633	468	58.00
60.00	06000	LABORATORY	520,509	28,073,953	0.018541	1,614,822	29,940	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	8,186	642,618	0.012739	98,169	1,251	63.00
65.00	06500	RESPIRATORY THERAPY	39,978	1,415,527	0.028242	517,729	14,622	65.00
66.00	06600	PHYSICAL THERAPY	222,831	5,383,253	0.041393	138,424	5,730	66.00
69.00	06900	ELECTROCARDIOLOGY	52,221	1,694,569	0.030817	104,390	3,217	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,839	892,017	0.022241	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	67,482	3,473,495	0.019428	864,732	16,800	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,466	782,577	0.018485	256,727	4,746	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	233,420	6,372,713	0.036628	918,259	33,634	73.00
76.97	07697	CARDIAC REHABILITATION	35,174	361,684	0.097251	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	475,697	9,834,006	0.048373	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	95,623	1,615,156	0.059204	0	0	88.01
91.00	09100	EMERGENCY	191,664	8,297,804	0.023098	654,228	15,111	91.00
91.01	09101	PRIORITY CARE CARLYLE	90,908	1,593,462	0.057051	1,579	90	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	38,675	526,188	0.073500	41,147	3,024	92.00
200.00		Total (lines 50-199)	3,392,858	122,637,333		7,326,767	177,104	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part III Date/Time Prepared: 12/4/2017 2:59 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	31.00
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	0	0	0		0	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,635	0.00	1,509	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1	0.00	1	0		31.00
43.00	04300	NURSERY	1,220	0.00	0	0		43.00
200.00		Total (lines 30-199)	4,856		1,510	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part IV | Date/Time Prepared: 12/4/2017 2:59 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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 & TRA	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
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 PAT	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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part IV | Date/Time Prepared: 12/4/2017 2:59 pm

Title XVIII | Hospital | 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	13,230,866	0.000000	0.000000	430,744	50.00
51.00	05100	RECOVERY ROOM	0	908,391	0.000000	0.000000	31,541	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,039,704	0.000000	0.000000	23,377	52.00
53.00	05300	ANESTHESIOLOGY	0	2,361,338	0.000000	0.000000	94,650	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,620,929	0.000000	0.000000	466,777	54.00
57.00	05700	CT SCAN	0	15,307,062	0.000000	0.000000	1,024,839	57.00
58.00	05800	MRI	0	4,210,021	0.000000	0.000000	44,633	58.00
60.00	06000	LABORATORY	0	28,073,953	0.000000	0.000000	1,614,822	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	642,618	0.000000	0.000000	98,169	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,415,527	0.000000	0.000000	517,729	65.00
66.00	06600	PHYSICAL THERAPY	0	5,383,253	0.000000	0.000000	138,424	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,694,569	0.000000	0.000000	104,390	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	892,017	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	3,473,495	0.000000	0.000000	864,732	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	782,577	0.000000	0.000000	256,727	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,372,713	0.000000	0.000000	918,259	73.00
76.97	07697	CARDIAC REHABILITATION	0	361,684	0.000000	0.000000	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	9,834,006	0.000000	0.000000	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	1,615,156	0.000000	0.000000	0	88.01
91.00	09100	EMERGENCY	0	8,297,804	0.000000	0.000000	654,228	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	1,593,462	0.000000	0.000000	1,579	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	526,188	0.000000	0.000000	41,147	92.00
200.00		Total (lines 50-199)	0	122,637,333			7,326,767	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part IV | Date/Time Prepared: 12/4/2017 2:59 pm

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		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	3,072,985	0		50.00
51.00	05100	RECOVERY ROOM	0	189,277	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	494,852	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,761,066	0		54.00
57.00	05700	CT SCAN	0	5,184,229	0		57.00
58.00	05800	MRI	0	1,328,314	0		58.00
60.00	06000	LABORATORY	0	3,508,868	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	124,854	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	238,692	0		65.00
66.00	06600	PHYSICAL THERAPY	0	1,110,242	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	708,516	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	456,459	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	437,913	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	99,171	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,718,095	0		73.00
76.97	07697	CARDIAC REHABILITATION	0	217,796	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0		88.01
91.00	09100	EMERGENCY	0	2,323,200	0		91.00
91.01	09101	PRIORITY CARE CARLYLE	0	176,321	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	199,620	0		92.00
200.00		Total (lines 50-199)	0	25,350,470	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part V Date/Time Prepared: 12/4/2017 2:59 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.313286	3,072,985	0	0	962,723	50.00
51.00	05100	RECOVERY ROOM	0.168195	189,277	0	0	31,835	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.499383	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.395967	494,852	0	0	195,945	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.249271	3,761,066	0	0	937,525	54.00
57.00	05700	CT SCAN	0.073081	5,184,229	0	0	378,869	57.00
58.00	05800	MRI	0.072594	1,328,314	0	0	96,428	58.00
60.00	06000	LABORATORY	0.172689	3,508,868	1,081	0	605,943	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.273422	124,854	0	0	34,138	63.00
65.00	06500	RESPIRATORY THERAPY	0.529200	238,692	0	0	126,316	65.00
66.00	06600	PHYSICAL THERAPY	0.553721	1,110,242	0	0	614,764	66.00
69.00	06900	ELECTROCARDIOLOGY	0.094058	708,516	0	0	66,642	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.168498	456,459	0	0	76,912	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.522541	437,913	0	0	228,827	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.669300	99,171	0	0	66,375	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.498933	1,718,095	14,512	0	857,214	73.00
76.97	07697	CARDIAC REHABILITATION	0.790732	217,796	0	0	172,218	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000				0	88.01
91.00	09100	EMERGENCY	0.294632	2,323,200	0	0	684,489	91.00
91.01	09101	PRIORITY CARE CARLYLE	0.582262	176,321	0	0	102,665	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1.006384	199,620	0	0	200,894	92.00
200.00		Subtotal (see instructions)		25,350,470	15,593	0	6,440,722	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		25,350,470	15,593	0	6,440,722	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part V Date/Time Prepared: 12/4/2017 2:59 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	187	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,241	0		73.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0		88.01
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	PRIORITY CARE CARLYLE	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0		92.00
200.00		Subtotal (see instructions)	7,428	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	7,428	0		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-1 | Date/Time Prepared: 12/4/2017 2:59 pm

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,635	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,635	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	3,237	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,509	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)	4,836,432	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)	4,836,432	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)	4,836,432	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)	1,330.52	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,007,755	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	2,007,755	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-1 | Date/Time Prepared: 12/4/2017 2:59 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	99,513	1	99,513.00	1	99,513	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)	2,370,622	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	4,477,890	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)	166,095	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	177,104	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	343,199	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	4,134,691	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)	398	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,330.52	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	529,547	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-1 | Date/Time Prepared: 12/4/2017 2:59 pm

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	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	353,224	4,836,432	0.073034	529,547	38,675	90.00
91.00	Nursing School cost	0	4,836,432	0.000000	529,547	0	91.00
92.00	Allied health cost	0	4,836,432	0.000000	529,547	0	92.00
93.00	All other Medical Education	0	4,836,432	0.000000	529,547	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-3 | Date/Time Prepared: 12/4/2017 2:59 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		1,363,998		30.00
31.00	03100	INTENSIVE CARE UNIT		1,727		31.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.313286	430,744	134,946	50.00
51.00	05100	RECOVERY ROOM	0.168195	31,541	5,305	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.499383	23,377	11,674	52.00
53.00	05300	ANESTHESIOLOGY	0.395967	94,650	37,478	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.249271	466,777	116,354	54.00
57.00	05700	CT SCAN	0.073081	1,024,839	74,896	57.00
58.00	05800	MRI	0.072594	44,633	3,240	58.00
60.00	06000	LABORATORY	0.172689	1,614,822	278,862	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.273422	98,169	26,842	63.00
65.00	06500	RESPIRATORY THERAPY	0.535864	517,729	277,432	65.00
66.00	06600	PHYSICAL THERAPY	0.555199	138,424	76,853	66.00
69.00	06900	ELECTROCARDIOLOGY	0.094058	104,390	9,819	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.168498	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.522541	864,732	451,858	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.669300	256,727	171,827	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.498933	918,259	458,150	73.00
76.97	07697	CARDIAC REHABILITATION	0.790732	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000		0	88.01
91.00	09100	EMERGENCY	0.294632	654,228	192,757	91.00
91.01	09101	PRIORITY CARE CARLYLE	0.582262	1,579	919	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1.006384	41,147	41,410	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		7,326,767	2,370,622	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)		7,326,767		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0145	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 12/4/2017 2:59 pm
	Title XVIII	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)	1,403,905	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	1,590,598	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)	3,279	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	336,783	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	47.77	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)	1.72	30.00
31.00	Percentage of Medicaid patient days (see instructions)	18.28	31.00
32.00	Sum of lines 30 and 31	20.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)	5.75	33.00
34.00	Disproportionate share adjustment (see instructions)	43,046	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0145	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 12/4/2017 2:59 pm
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		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000026173	0.000028702	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	167,668	171,564	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	42,146	128,320	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	170,466		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)	491		40.00

		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	3,211,294		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00

		Amount	
		1.00	
49.00	Total payment for inpatient operating costs (see instructions)	3,211,294	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	240,480	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
54.01	Islet isolation add-on payment	0	54.01
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 intructions)	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)	3,451,774	59.00
60.00	Primary payer payments	0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	3,451,774	61.00
62.00	Deductibles billed to program beneficiaries	438,956	62.00
63.00	Coinsurance billed to program beneficiaries	2,898	63.00
64.00	Allowable bad debts (see instructions)	35,493	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	23,070	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	18,629	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	3,032,990	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	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)	62,642	70.93
70.94	HRR adjustment amount (see instructions)	-1,625	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0145	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 12/4/2017 2:59 pm
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		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)	2016	330,134	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)	2017	361,265	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)		3,785,406	71.00
71.01	Sequestration adjustment (see instructions)		75,708	71.01
72.00	Interim payments		3,751,235	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)		-41,537	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		31,458	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	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0145	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 12/4/2017 2:59 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	7,428	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	6,440,722	2.00
3.00	PPS payments	4,415,949	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.845	5.00
6.00	Line 2 times line 5	5,442,410	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	81.14	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)	7,428	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	15,593	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)	15,593	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	15,593	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	8,165	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)	7,428	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)	4,415,949	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)	931,503	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)	3,491,874	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)	3,491,874	30.00
31.00	Primary payer payments	285	31.00
32.00	Subtotal (line 30 minus line 31)	3,491,589	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)	62,792	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	40,815	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	37,010	36.00
37.00	Subtotal (see instructions)	3,532,404	37.00
38.00	MSP-LCC reconciliation amount from PS&R	25	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)	3,532,379	40.00
40.01	Sequestration adjustment (see instructions)	70,648	40.01
41.00	Interim payments	3,471,448	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-9,717	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: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet E-1 Part I Date/Time Prepared: 12/4/2017 2:59 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		3,751,235		3,471,448	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)		3,751,235		3,471,448	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		41,537		9,717	6.02
7.00	Total Medicare program liability (see instructions)		3,709,698		3,461,731	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: 14-0145	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part II Date/Time Prepared: 12/4/2017 2:59 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	1,251	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	1,510	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	187	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	3,238	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	126,807,100	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	2,467,231	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)	269,976	8.00
9.00	Sequestration adjustment amount (see instructions)	5,400	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	264,576	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	264,576	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)	0	32.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet G | Date/Time Prepared: 12/4/2017 2:59 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	0	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	3,143,580	0	0	0	3.00
4.00	Accounts receivable	28,625,022	0	0	0	4.00
5.00	Other receivable	25,923	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-17,025,995	0	0	0	6.00
7.00	Inventory	600,630	0	0	0	7.00
8.00	Prepaid expenses	110,524	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	3,223,271	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	18,702,955	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	1,634,241	0	0	0	12.00
13.00	Land improvements	3,859,884	0	0	0	13.00
14.00	Accumulated depreciation	-2,815,594	0	0	0	14.00
15.00	Buildings	19,242,995	0	0	0	15.00
16.00	Accumulated depreciation	-10,964,011	0	0	0	16.00
17.00	Leasehold improvements	267,301	0	0	0	17.00
18.00	Accumulated depreciation	-136,455	0	0	0	18.00
19.00	Fixed equipment	14,654,522	0	0	0	19.00
20.00	Accumulated depreciation	-11,433,403	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	23,002,596	0	0	0	23.00
24.00	Accumulated depreciation	-19,895,551	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	17,416,525	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	123,752,078	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	4,740,529	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	128,492,607	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	164,612,087	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	604,834	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,875,482	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,549,585	0	0	0	40.00
41.00	Deferred income	750	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	818,048	0	0	0	43.00
44.00	Other current liabilities	2,853,081	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	8,701,780	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	14,425,123	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	10,624,039	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	25,049,162	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	33,750,942	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	130,861,145				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)	130,861,145	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	164,612,087	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet G-1 | Date/Time Prepared: 12/4/2017 2:59 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		120,454,167		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		16,090,614				2.00
3.00	Total (sum of line 1 and line 2)		136,544,781		0		3.00
4.00	CHANGE IN NET ASSETS	28,067,310		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)		28,067,310		0		10.00
11.00	Subtotal (line 3 plus line 10)		164,612,091		0		11.00
12.00	NET INCOME ROUNDING	4		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)		4		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		164,612,087		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	CHANGE IN NET ASSETS		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	NET INCOME ROUNDING		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: 14-0145 | Period: From 07/01/2016 To 06/30/2017 | Worksheet G-2 Parts I & II | Date/Time Prepared: 12/4/2017 2:59 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	4,315,175		4,315,175	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	4,315,175		4,315,175	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	2,551		2,551	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)	2,551		2,551	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	4,317,726		4,317,726	17.00
18.00	Ancillary services	15,003,665	88,967,969	103,971,634	18.00
19.00	Outpatient services	1,058,341	9,528,486	10,586,827	19.00
20.00	RURAL HEALTH CLINIC	0	9,834,006	9,834,006	20.00
20.01	RURAL HEALTH CLINIC II	0	1,615,156	1,615,156	20.01
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PRO FEES	1,422,633	3,640,628	5,063,261	27.00
27.01	OTHER	0	44,092	44,092	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	21,802,365	113,630,337	135,432,702	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		51,022,346		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		51,022,346		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 14-0145	Period: From 07/01/2016 To 06/30/2017	Worksheet G-3 Date/Time Prepared: 12/4/2017 2:59 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	135,432,702	1.00
2.00	Less contractual allowances and discounts on patients' accounts	77,443,934	2.00
3.00	Net patient revenues (line 1 minus line 2)	57,988,768	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	51,022,346	4.00
5.00	Net income from service to patients (line 3 minus line 4)	6,966,422	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	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	315	13.00
14.00	Revenue from meals sold to employees and guests	10,799	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	1,186	16.00
17.00	Revenue from sale of drugs to other than patients	500	17.00
18.00	Revenue from sale of medical records and abstracts	12,364	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	382,449	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	8,716,579	24.00
25.00	Total other income (sum of lines 6-24)	9,124,192	25.00
26.00	Total (line 5 plus line 25)	16,090,614	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	16,090,614	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 14-0145	Period: From 07/01/2016 To 06/30/2017	Worksheet L Parts I-III Date/Time Prepared: 12/4/2017 2:59 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	240,041	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	439	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)	9.85	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)	240,480	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 RHC/FQHC COSTS

Provider CCN: 14-0145 | Component CCN: 14-8503 | Period: From 07/01/2016 To 06/30/2017 | Worksheet M-1 | Date/Time Prepared: 12/4/2017 2:59 pm

RHC I | Cost

		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	0	2,855,343	2,855,343	0	2,855,343	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	481,514	315,461	796,975	0	796,975	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	135,507	141,257	276,764	0	276,764	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	244,411	27,064	271,475	0	271,475	9.00
10.00	Subtotal (sum of lines 1 through 9)	861,432	3,339,125	4,200,557	0	4,200,557	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	32,260	32,260	0	32,260	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs						20.00
21.00	Subtotal (sum of lines 15 through 20)	0	32,260	32,260	0	32,260	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	861,432	3,371,385	4,232,817	0	4,232,817	22.00
	COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	371,351	371,351	0	371,351	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs						27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	371,351	371,351	0	371,351	28.00
	FACILITY OVERHEAD						
29.00	Facility Costs	0	176,176	176,176	-11,852	164,324	29.00
30.00	Administrative Costs	657,112	954,557	1,611,669	-69,730	1,541,939	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	657,112	1,130,733	1,787,845	-81,582	1,706,263	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,518,544	4,873,469	6,392,013	-81,582	6,310,431	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0145 | Component CCN: 14-8503 | Period: From 07/01/2016 To 06/30/2017 | Worksheet M-1 | Date/Time Prepared: 12/4/2017 2:59 pm

RHC I | Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	2,855,343		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	796,975		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	276,764		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	271,475		9.00
10.00	Subtotal (sum of lines 1 through 9)	0	4,200,557		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	32,260		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	0		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs				20.00
21.00	Subtotal (sum of lines 15 through 20)	0	32,260		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	4,232,817		22.00
	COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	371,351		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
25.01	Telehealth	0	0		25.01
25.02	Chronic Care Management	0	0		25.02
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs				27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	371,351		28.00
	FACILITY OVERHEAD				
29.00	Facility Costs	0	164,324		29.00
30.00	Administrative Costs	240,865	1,782,804		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	240,865	1,947,128		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	240,865	6,551,296		32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0145
Component CCN: 14-8570

Period: From 07/01/2016 To 06/30/2017

Worksheet M-1

Date/Time Prepared: 12/4/2017 2:59 pm

RHC II Cost

		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	0	340,177	340,177	0	340,177	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	72,471	85,180	157,651	0	157,651	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	28,987	23,552	52,539	0	52,539	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	22,563	0	22,563	0	22,563	9.00
10.00	Subtotal (sum of lines 1 through 9)	124,021	448,909	572,930	0	572,930	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	6,951	6,951	0	6,951	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs						20.00
21.00	Subtotal (sum of lines 15 through 20)	0	6,951	6,951	0	6,951	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	124,021	455,860	579,881	0	579,881	22.00
	COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	93,520	93,520	0	93,520	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs						27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	93,520	93,520	0	93,520	28.00
	FACILITY OVERHEAD						
29.00	Facility Costs	0	49,873	49,873	0	49,873	29.00
30.00	Administrative Costs	37,326	104,400	141,726	-16,445	125,281	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	37,326	154,273	191,599	-16,445	175,154	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	161,347	703,653	865,000	-16,445	848,555	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0145 | Component CCN: 14-8570 | Period: From 07/01/2016 To 06/30/2017 | Worksheet M-1 | Date/Time Prepared: 12/4/2017 2:59 pm

RHC II | Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	340,177		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	157,651		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	52,539		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	22,563		9.00
10.00	Subtotal (sum of lines 1 through 9)	0	572,930		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	6,951		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	0		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs				20.00
21.00	Subtotal (sum of lines 15 through 20)	0	6,951		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	579,881		22.00
	COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	93,520		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
25.01	Telehealth	0	0		25.01
25.02	Chronic Care Management	0	0		25.02
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs				27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	93,520		28.00
	FACILITY OVERHEAD				
29.00	Facility Costs	0	49,873		29.00
30.00	Administrative Costs	37,522	162,803		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	37,522	212,676		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	37,522	886,077		32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 14-0145 | Component CCN: 14-8503 | Period: From 07/01/2016 To 06/30/2017 | Worksheet M-2 | Date/Time Prepared: 12/4/2017 2:59 pm

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	8.29	38,676	4,200	34,818		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	4.42	11,986	2,100	9,282		3.00
4.00	Subtotal (sum of lines 1 through 3)	12.71	50,662		44,100	50,662	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	12.71	50,662			50,662	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	
	DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					4,232,817	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					371,351	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					4,604,168	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					0.919345	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					1,947,128	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					3,675,050	15.00
16.00	Total overhead (sum of lines 14 and 15)					5,622,178	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					5,622,178	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					5,168,721	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					9,401,538	20.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 14-0145 | Component CCN: 14-8570 | Period: From 07/01/2016 To 06/30/2017 | Worksheet M-2 | Date/Time Prepared: 12/4/2017 2:59 pm

		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	RHC II 4.00	Cost 5.00	
	VISITS AND PRODUCTIVITY						
	Positions						
1.00	Physician	0.96	3,717	4,200	4,032		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	0.97	3,881	2,100	2,037		3.00
4.00	Subtotal (sum of lines 1 through 3)	1.93	7,598		6,069	7,598	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	1.93	7,598			7,598	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	
	DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					579,881	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					93,520	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					673,401	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					0.861123	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					212,676	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					447,698	15.00
16.00	Total overhead (sum of lines 14 and 15)					660,374	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					660,374	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					568,663	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					1,148,544	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES	Provider CCN: 14-0145 Component CCN: 14-8503	Period: From 07/01/2016 To 06/30/2017	Worksheet M-3 Date/Time Prepared: 12/4/2017 2:59 pm
	Title XVIII	RHC I	Cost

				1.00	
	DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES				
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			9,401,538	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			1,038,666	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			8,362,872	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			50,662	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)			50,662	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			165.07	7.00
		Calculation of Limit (1)			
		Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)		
		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)	165.07	165.07		9.00
	CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	6,693	6,831		10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	1,104,814	1,127,593		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)				15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	2,232,407		16.00
16.01	Total program charges (see instructions)(from contractor's records)		0		16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0		16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0		16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		1,606,974		16.04
16.05	Total program cost (see instructions)	0	1,606,974		16.05
17.00	Primary payer amounts		559		17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		223,690		18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		391,919		19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		1,606,415		20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		187,054		21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		1,793,469		22.00
23.00	Allowable bad debts (see instructions)		1,201		23.00
23.01	Adjusted reimbursable bad debts (see instructions)		781		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)		1,794,250		26.00
26.01	Sequestration adjustment (see instructions)		35,885		26.01
27.00	Interim payments		1,417,405		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)		340,960		29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0		30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES	Provider CCN: 14-0145 Component CCN: 14-8570	Period: From 07/01/2016 To 06/30/2017	Worksheet M-3 Date/Time Prepared: 12/4/2017 2:59 pm
	Title XVIII	RHC II	Cost

				1.00	
	DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES				
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			1,148,544	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			159,588	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			988,956	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			7,598	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)			7,598	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			130.16	7.00
		Calculation of Limit (1)			
		Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)		
		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)	130.16	130.16		9.00
	CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	730	760		10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	95,017	98,922		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)				15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	193,939		16.00
16.01	Total program charges (see instructions)(from contractor's records)		0		16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0		16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0		16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		148,041		16.04
16.05	Total program cost (see instructions)	0	148,041		16.05
17.00	Primary payer amounts		121		17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		8,888		18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		52,065		19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		147,920		20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		11,127		21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		159,047		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)		159,047		26.00
26.01	Sequestration adjustment (see instructions)		3,181		26.01
27.00	Interim payments		50,232		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)		105,634		29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0		30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST	Provider CCN: 14-0145 Component CCN: 14-8503	Period: From 07/01/2016 To 06/30/2017	Worksheet M-4 Date/Time Prepared: 12/4/2017 2:59 pm
	Title XVIII	RHC I	Cost

		Pneumococcal	Influenza	
		1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	4,200,557	4,200,557	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.011688	0.023868	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	49,096	100,259	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	255,055	63,226	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	304,151	163,485	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	4,232,817	4,232,817	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	5,168,721	5,168,721	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.071855	0.038623	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	371,398	199,632	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	675,549	363,117	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	1,854	3,786	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	364.37	95.91	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	317	746	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	115,505	71,549	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)		1,038,666	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)		187,054	16.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST	Provider CCN: 14-0145 Component CCN: 14-8570	Period: From 07/01/2016 To 06/30/2017	Worksheet M-4 Date/Time Prepared: 12/4/2017 2:59 pm
	Title XVIII	RHC II	Cost

		Pneumococcal	Influenza	
		1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	572,930	572,930	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.011378	0.037287	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	6,519	21,363	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	37,694	14,997	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	44,213	36,360	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	579,881	579,881	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	568,663	568,663	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.076245	0.062703	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	43,358	35,657	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	87,571	72,017	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	274	898	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	319.60	80.20	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	17	71	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	5,433	5,694	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)		159,588	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)		11,127	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 14-0145 Component CCN: 14-8503	Period: From 07/01/2016 To 06/30/2017	Worksheet M-5 Date/Time Prepared: 12/4/2017 2:59 pm
		RHC I	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		1,084,006	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		01/31/2017	234,214	3.01
3.02		06/29/2017	99,185	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)		333,399	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		1,417,405	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		340,960	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		1,758,365	7.00

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

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 14-0145 Component CCN: 14-8570	Period: From 07/01/2016 To 06/30/2017	Worksheet M-5 Date/Time Prepared: 12/4/2017 2:59 pm
		RHC II	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		50,232	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
	Program to Provider			
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
	Provider to Program			
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		50,232	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		105,634	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		155,866	7.00

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