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 07/01/2017 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 12/17/2018 4:30 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 12/17/2018 Time: 4:30 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 CHIEF FINANCIAL 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 07/01/2017 and ending 06/30/2018 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.

[ ] I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(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	31,663	1,130	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		754,825		0	10.00
200.00	Total	0	31,663	755,955	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 07/01/2017 To 06/30/2018 | Worksheet S-2 Part I Date/Time Prepared: 12/17/2018 2:36 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
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)	07/01/2017	06/30/2018	20.00
21.00	Type of Control (see instructions)	1		21.00

		1.00	2.00	3.00	
	Inpatient PPS Information				
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	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.	252	247	0	0	306	52	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-2 Part I | Date/Time Prepared: 12/17/2018 2:36 pm

		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	
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

		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)(i), (ii), or (iii)? 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)(i), (ii), or (iii)? 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(b) 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

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	N			60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-2 Part I | Date/Time Prepared: 12/17/2018 2:36 pm

		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)						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)						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)						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).						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)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						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. Enter in column 4, the 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. Enter in column 4, the 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 through 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-2 Part I | Date/Time Prepared: 12/17/2018 2:36 pm

		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

		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 is 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 is 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

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		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 an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? 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
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
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a 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 Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-2 Part I | Date/Time Prepared: 12/17/2018 2:36 pm

		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00

		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:	65,146	10,127	509,314	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 healthcare related taxes as defined in §1903(w)(3) of the Act?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
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

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	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.			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

		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)	07/01/2017	06/30/2018	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 07/01/2017 To 06/30/2018 | Worksheet S-2 Part II | Date/Time Prepared: 12/17/2018 2:36 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	10/09/2018	Y	10/09/2018	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 07/01/2017 To 06/30/2018 | Worksheet S-2 Part II Date/Time Prepared: 12/17/2018 2:36 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 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 12/17/2018 2:36 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 07/01/2017 To 06/30/2018 | Worksheet S-3 Part I | Date/Time Prepared: 12/17/2018 2:36 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	43	15,695	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)		43	15,695	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)		47	17,155	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
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		47				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
33.01	LTCH site neutral days and discharges						33.01

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	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)	1,420	90	3,035			1.00
2.00	HMO and other (see instructions)	191	536				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)	1,420	90	3,035			7.00
8.00	INTENSIVE CARE UNIT	5	0	5			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		179	1,240			13.00
14.00	Total (see instructions)	1,425	269	4,280	0.00	271.03	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	22			24.10
25.00	CMHC - CMHC						25.00
26.00	RHC (CONSOLIDATED)	13,007	5,490	54,508	0.00	13.82	26.00
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	284.85	27.00
28.00	Observation Bed Days		45	360			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			126			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	52	154			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
33.01	LTCH site neutral days and discharges	0					33.01

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	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	423	35	1,175	1.00
2.00	HMO and other (see instructions)			59	207		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	423	35	1,175	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
26.25	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			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part II Date/Time Prepared: 12/17/2018 2:36 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. 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	15,570,715	0	15,570,715	563,748.30	27.62	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		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	75,565	75,565	1,597.16	47.31	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)		183,872	4,114	187,986	6,945.51	27.07	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		74,687	0	74,687	1,233.00	60.57	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		172,621	0	172,621	1,406.70	122.71	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		1,650,084	0	1,650,084	32,432.90	50.88	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	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)		6,838,456	0	6,838,456			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		84,692	0	84,692			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		27,376	0	27,376			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		869,626	0	869,626			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	150,114	0	150,114	4,199.00	35.75	26.00
27.00	Administrative & General	5.00	2,837,417	35,976	2,873,393	102,327.99	28.08	27.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part II | Date/Time Prepared: 12/17/2018 2:36 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. 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.)		111,153	0	111,153	862.85	128.82	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	555,297	0	555,297	19,466.64	28.53	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	411,385	474	411,859	33,637.43	12.24	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	216,490	-173,870	42,620	3,731.52	11.42	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	173,870	173,870	14,713.94	11.82	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	870,823	-36,450	834,373	20,567.87	40.57	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	508,305	10,859	519,164	12,734.58	40.77	40.00
41.00	Medical Records & Medical Records Library	16.00	241,392	0	241,392	11,254.75	21.45	41.00
42.00	Social Service	17.00	82,286	-4,114	78,172	2,378.24	32.87	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 07/01/2017 To 06/30/2018 | Worksheet S-3 Part III Date/Time Prepared: 12/17/2018 2:36 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)		15,681,868	-75,565	15,606,303	563,013.99	27.72	1.00
2.00	Excluded area salaries (see instructions)		183,872	4,114	187,986	6,945.51	27.07	2.00
3.00	Subtotal salaries (line 1 minus line 2)		15,497,996	-79,679	15,418,317	556,068.48	27.73	3.00
4.00	Subtotal other wages & related costs (see inst.)		1,897,392	0	1,897,392	35,072.60	54.10	4.00
5.00	Subtotal wage-related costs (see inst.)		7,708,082	0	7,708,082	0.00	49.99	5.00
6.00	Total (sum of lines 3 thru 5)		25,103,470	-79,679	25,023,791	591,141.08	42.33	6.00
7.00	Total overhead cost (see instructions)		5,984,662	6,745	5,991,407	225,874.81	26.53	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part IV Date/Time Prepared: 12/17/2018 2:36 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	53,096	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)	2,574,154	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	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)	2,826,204	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)	19,965	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	279,586	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	824,282	17.00
18.00	Medicare Taxes - Employers Portion Only	242,434	18.00
19.00	Unemployment Insurance	90,406	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	40,397	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	6,950,524	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 07/01/2017 To 06/30/2018 | Worksheet S-3 Part V Date/Time Prepared: 12/17/2018 2:36 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	74,687	6,950,524	1.00
2.00	Hospital	74,687	6,950,524	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
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 07/01/2017 To 06/30/2018 | Worksheet S-8 | Date/Time Prepared: 12/17/2018 2:36 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	6	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
14.05		CLINTON CNTY RURAL HLTH-CARLYLE RIV	148570	14.05

		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 07/01/2017 To 06/30/2018	Worksheet S-8 Date/Time Prepared: 12/17/2018 2:36 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 UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-10 | Date/Time Prepared: 12/17/2018 2:36 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)	0.358156	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	3,370,492	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 and/or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	5,083,592	6.00
7.00	Medicaid cost (line 1 times line 6)	1,820,719	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	0	8.00
	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)	0	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)	1,665,372	686,428	2,351,800	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	596,463	686,428	1,282,891	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)	596,463	686,428	1,282,891	23.00

		1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is yes, 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)	118,199	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	62,570	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	96,261	27.01
28.00	Non-Medicare bad debt expense (see instructions)	21,938	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	41,548	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	1,324,439	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	1,324,439	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A | Date/Time Prepared: 12/17/2018 2:36 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		1,298,014	1,298,014	6,853	1,304,867	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	1,100,086	1,100,086	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	150,114	2,423,862	2,573,976	-6,570	2,567,406	4.00
5.01	00540	NONPATIENT TELEPHONES	0	37,843	37,843	101,472	139,315	5.01
5.02	00550	DATA PROCESSING	0	2,346,409	2,346,409	-198,597	2,147,812	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	142,094	136,842	278,936	-4,587	274,349	5.03
5.04	00570	ADMITTING	499,875	7,094	506,969	-3,890	503,079	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	ADMIN & GENERAL	2,195,448	5,156,740	7,352,188	377,766	7,729,954	5.06
7.00	00700	OPERATION OF PLANT	555,297	1,272,334	1,827,631	68,713	1,896,344	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	160,758	160,758	-794	159,964	8.00
9.00	00900	HOUSEKEEPING	411,385	283,893	695,278	-7,900	687,378	9.00
10.00	01000	DIETARY	216,490	323,562	540,052	-432,806	107,246	10.00
11.00	01100	CAFETERIA	0	0	0	424,772	424,772	11.00
13.00	01300	NURSING ADMINISTRATION	870,823	72,071	942,894	-39,599	903,295	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	508,305	1,694,233	2,202,538	-1,459,880	742,658	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	241,392	239,008	480,400	-17,500	462,900	16.00
17.00	01700	SOCIAL SERVICE	82,286	34,224	116,510	-4,781	111,729	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	1,328,201	1,328,201	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,622,807	356,761	1,979,568	-265,289	1,714,279	30.00
31.00	03100	INTENSIVE CARE UNIT	551	16,695	17,246	-1,648	15,598	31.00
43.00	04300	NURSERY	242,631	253,353	495,984	-8,772	487,212	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,313,636	1,231,969	2,545,605	-1,017,400	1,528,205	50.00
51.00	05100	RECOVERY ROOM	18,115	3,693	21,808	-2,258	19,550	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	473,958	38,156	512,114	-3,074	509,040	52.00
53.00	05300	ANESTHESIOLOGY	69,994	1,379,647	1,449,641	-1,435,490	14,151	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,005,379	460,412	1,465,791	-221,140	1,244,651	54.00
57.00	05700	CT SCAN	50,856	258,210	309,066	-111,008	198,058	57.00
58.00	05800	MRI	72,343	90,487	162,830	-2,553	160,277	58.00
60.00	06000	LABORATORY	1,034,549	1,592,988	2,627,537	-682,012	1,945,525	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	83,391	83,391	-88	83,303	63.00
65.00	06500	RESPIRATORY THERAPY	354,206	202,929	557,135	-156,772	400,363	65.00
66.00	06600	PHYSICAL THERAPY	1,209,785	362,767	1,572,552	-123,120	1,449,432	66.00
69.00	06900	ELECTROCARDIOLOGY	20,487	57,935	78,422	-30,412	48,010	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	39,358	7,148	46,506	-1,345	45,161	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	59,982	38,943	98,925	1,684,185	1,783,110	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	444,194	444,194	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,475,530	1,475,530	73.00
76.97	07697	CARDIAC REHABILITATION	91,924	14,551	106,475	-911	105,564	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	572,238	7,690,333	8,262,571	86,602	8,349,173	88.00
91.00	09100	EMERGENCY	965,689	798,072	1,763,761	-75,147	1,688,614	91.00
91.01	09101	PRIORITY CARE CARLYLE	294,846	327,245	622,091	-64,690	557,401	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		355,141	355,141	0	355,141	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,386,843	31,107,713	46,494,556	718,341	47,212,897	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	181,872	2,607,071	2,788,943	-722,455	2,066,488	192.00
194.00	07950	LIFELINE	2,000	0	2,000	4,114	6,114	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	15,570,715	33,714,784	49,285,499	0	49,285,499	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A | Date/Time Prepared: 12/17/2018 2:36 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	188,380	1,493,247		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	187,239	1,287,325		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,043,632	5,611,038		4.00
5.01	00540	NONPATIENT TELEPHONES	0	139,315		5.01
5.02	00550	DATA PROCESSING	1,021,136	3,168,948		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-4,975	269,374		5.03
5.04	00570	ADMITTING	0	503,079		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0		5.05
5.06	00590	ADMIN & GENERAL	-2,107,043	5,622,911		5.06
7.00	00700	OPERATION OF PLANT	-3,189	1,893,155		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	159,964		8.00
9.00	00900	HOUSEKEEPING	0	687,378		9.00
10.00	01000	DIETARY	-24,484	82,762		10.00
11.00	01100	CAFETERIA	0	424,772		11.00
13.00	01300	NURSING ADMINISTRATION	30	903,325		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0		14.00
15.00	01500	PHARMACY	-3,289	739,369		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-6,978	455,922		16.00
17.00	01700	SOCIAL SERVICE	0	111,729		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-1,328,201	0		19.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	1,714,279		30.00
31.00	03100	INTENSIVE CARE UNIT	-15,000	598		31.00
43.00	04300	NURSERY	-228,241	258,971		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-63,500	1,464,705		50.00
51.00	05100	RECOVERY ROOM	0	19,550		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	509,040		52.00
53.00	05300	ANESTHESIOLOGY	0	14,151		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,244,651		54.00
57.00	05700	CT SCAN	0	198,058		57.00
58.00	05800	MRI	0	160,277		58.00
60.00	06000	LABORATORY	-14,886	1,930,639		60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	83,303		63.00
65.00	06500	RESPIRATORY THERAPY	-10,003	390,360		65.00
66.00	06600	PHYSICAL THERAPY	-7,772	1,441,660		66.00
69.00	06900	ELECTROCARDIOLOGY	-14,605	33,405		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	45,161		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	3	1,783,113		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	444,194		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,475,530		73.00
76.97	07697	CARDIAC REHABILITATION	0	105,564		76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	666,489	9,015,662		88.00
91.00	09100	EMERGENCY	-596,946	1,091,668		91.00
91.01	09101	PRIORITY CARE CARLYLE	-218,554	338,847		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				92.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	-355,141	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	104,102	47,316,999		118.00
		NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS PRIVATE OFFICES	-1,386,871	679,617		192.00
194.00	07950	LIFELINE	0	6,114		194.00
194.01	07951	DEVELOPMENT	0	0		194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-1,282,769	48,002,730		200.00

RECLASSIFICATIONS | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 | Date/Time Prepared: 12/17/2018 2:36 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	69,994	1,258,207		1.00
	0		69,994	1,258,207		
	B - TO RECLASS CAFETERIA COST					
1.00	CAFETERIA	11.00	173,870	250,902		1.00
	0		173,870	250,902		
	C - TO RECLASS MANAGERS SALARY					
1.00	ADMIN & GENERAL	5.06	36,450	0		1.00
2.00	HOUSEKEEPING	9.00	474	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	47	0		3.00
4.00	NURSERY	43.00	12,743	0		4.00
5.00	RECOVERY ROOM	51.00	1,424	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	30,321	0		6.00
7.00	ANESTHESIOLOGY	53.00	119	0		7.00
8.00	CT SCAN	57.00	2,705	0		8.00
9.00	MRI	58.00	3,009	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	2,993	0		10.00
11.00	ELECTROENCEPHALOGRAPHY	70.00	5,258	0		11.00
12.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	11,215	0		12.00
13.00	PHARMACY	15.00	10,859	0		13.00
14.00	CARDIAC REHABILITATION	76.97	13,024	0		14.00
	0		130,641	0		
	D - RECLASS SOCIAL SERV SLRY TO LIFELIN					
1.00	LIFELINE	194.00	4,114	0		1.00
	0		4,114	0		
	E - PHARMACY RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,475,530		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
	0		0	1,475,530		
	F - PLANT OP RECLASS					
1.00	OPERATION OF PLANT	7.00	0	116,529		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	116,529		
	G - TELEPHONE RECLASS					
1.00	NONPATIENT TELEPHONES	5.01	0	101,750		1.00
2.00	ADMIN & GENERAL	5.06	0	44		2.00
3.00		0.00	0	0		3.00
	0		0	101,794		
	I - IMPLANTS RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	1,678,394		2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	444,194		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

RECLASSIFICATIONS | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 | Date/Time Prepared: 12/17/2018 2:36 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	2,122,596		
	J - DEPRECIATION RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,853		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,100,086		2.00
3.00	ADMIN & GENERAL	5.06	0	345,843		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
	0		0	1,452,782		
	K - ALLOWABLE MEDICAL GROUP EXPENSE					
1.00	RURAL HEALTH CLINIC	88.00	0	236,114		1.00
	TOTALS		0	236,114		
500.00	Grand Total: Increases		378,619	7,014,454		500.00

RECLASSIFICATIONS | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 | Date/Time Prepared: 12/17/2018 2:36 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	69,994	1,258,207	0		1.00
	0		69,994	1,258,207			
	B - TO RECLASS CAFETERIA COST						
1.00	DIETARY	10.00	173,870	250,902	0		1.00
	0		173,870	250,902			
	C - TO RECLASS MANAGERS SALARY						
1.00	PURCHASING RECEIVING AND STORES	5.03	474	0	0		1.00
2.00	NURSING ADMINISTRATION	13.00	36,450	0	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	43,111	0	0		3.00
4.00	OPERATING ROOM	50.00	23,617	0	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	5,714	0	0		5.00
6.00	RESPIRATORY THERAPY	65.00	21,275	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
	0		130,641	0			
	D - RECLASS SOCIAL SERV SLRY TO LIFELIN						
1.00	SOCIAL SERVICE	17.00	4,114	0	0		1.00
	0		4,114	0			
	E - PHARMACY RECLASS						
1.00	PHARMACY	15.00	0	1,459,791	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	3,292	0		2.00
3.00	OPERATING ROOM	50.00	0	8,450	0		3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	60	0		4.00
5.00	CT SCAN	57.00	0	931	0		5.00
6.00	LABORATORY	60.00	0	84	0		6.00
7.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	881	0		7.00
8.00	EMERGENCY	91.00	0	1,695	0		8.00
9.00	PRIORITY CARE CARLYLE	91.01	0	346	0		9.00
	0		0	1,475,530			
	F - PLANT OP RECLASS						
1.00	PHARMACY	15.00	0	1,581	0		1.00
2.00	RURAL HEALTH CLINIC	88.00	0	21,394	0		2.00
3.00	PHYSICIANS PRIVATE OFFICES	192.00	0	93,554	0		3.00
	0		0	116,529			
	G - TELEPHONE RECLASS						
1.00	OPERATION OF PLANT	7.00	0	830	0		1.00
2.00	RURAL HEALTH CLINIC	88.00	0	59,741	0		2.00
3.00	PHYSICIANS PRIVATE OFFICES	192.00	0	41,223	0		3.00
	0		0	101,794			
	I - IMPLANTS RECLASS						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	2,162	0		1.00
2.00	ADMITTING	5.04	0	676	0		2.00
3.00	ADMIN & GENERAL	5.06	0	4,571	0		3.00
4.00	OPERATION OF PLANT	7.00	0	838	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	72	0		5.00
6.00	HOUSEKEEPING	9.00	0	7,338	0		6.00
7.00	DIETARY	10.00	0	1,425	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	834	0		8.00
9.00	PHARMACY	15.00	0	2,561	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	8	0		10.00
11.00	SOCIAL SERVICE	17.00	0	22	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	146,126	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	4	0		13.00
14.00	NURSERY	43.00	0	4,972	0		14.00
15.00	OPERATING ROOM	50.00	0	839,160	0		15.00
16.00	RECOVERY ROOM	51.00	0	138	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,146	0		17.00
18.00	ANESTHESIOLOGY	53.00	0	90,871	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	105,502	0		19.00
20.00	CT SCAN	57.00	0	12,534	0		20.00
21.00	MRI	58.00	0	4,410	0		21.00
22.00	LABORATORY	60.00	0	557,262	0		22.00
23.00	BLOOD STORING PROCESSING & TRA	63.00	0	88	0		23.00

RECLASSIFICATIONS | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 | Date/Time Prepared: 12/17/2018 2:36 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
24.00	RESPIRATORY THERAPY	65.00	0	122,469	0		24.00
25.00	PHYSICAL THERAPY	66.00	0	108,069	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	6,002	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	90	0		27.00
28.00	CARDIAC REHABILITATION	76.97	0	3,919	0		28.00
29.00	EMERGENCY	91.00	0	54,265	0		29.00
30.00	PRIORITY CARE CARLYLE	91.01	0	44,062	0		30.00
	0		0	2,122,596			
	J - DEPRECIATION RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,578	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	278	9		2.00
3.00	DATA PROCESSING	5.02	0	198,597	0		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	1,951	0		4.00
5.00	ADMITTING	5.04	0	3,214	0		5.00
6.00	OPERATION OF PLANT	7.00	0	46,148	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	722	0		7.00
8.00	HOUSEKEEPING	9.00	0	1,036	0		8.00
9.00	DIETARY	10.00	0	6,609	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	2,315	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	17,492	0		11.00
12.00	SOCIAL SERVICE	17.00	0	645	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	72,760	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	1,691	0		14.00
15.00	NURSERY	43.00	0	16,543	0		15.00
16.00	OPERATING ROOM	50.00	0	146,173	0		16.00
17.00	RECOVERY ROOM	51.00	0	3,544	0		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	31,189	0		18.00
19.00	ANESTHESIOLOGY	53.00	0	16,537	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	109,924	0		20.00
21.00	CT SCAN	57.00	0	100,248	0		21.00
22.00	MRI	58.00	0	1,152	0		22.00
23.00	LABORATORY	60.00	0	124,666	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	13,028	0		24.00
25.00	PHYSICAL THERAPY	66.00	0	15,051	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	27,403	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,513	0		27.00
28.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	4,543	0		28.00
29.00	PHARMACY	15.00	0	6,806	0		29.00
30.00	CARDIAC REHABILITATION	76.97	0	10,016	0		30.00
31.00	RURAL HEALTH CLINIC	88.00	0	68,377	0		31.00
32.00	EMERGENCY	91.00	0	19,187	0		32.00
33.00	PRIORITY CARE CARLYLE	91.01	0	20,282	0		33.00
34.00	PHYSICIANS PRIVATE OFFICES	192.00	0	351,564	0		34.00
	0		0	1,452,782			
	K - ALLOWABLE MEDICAL GROUP EXPENSE						
1.00	PHYSICIANS PRIVATE OFFICES	192.00	0	236,114	0		1.00
	TOTALS		0	236,114			
500.00	Grand Total: Decreases		378,619	7,014,454			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-7 Part I | Date/Time Prepared: 12/17/2018 2:36 pm

			Acquisitions				
		Beginning Balances	Purchases	Donation	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	1,634,241	0	0	0	0	1.00
2.00	Land Improvements	3,859,884	34,050	0	34,050	0	2.00
3.00	Buildings and Fixtures	34,164,818	71,790	0	71,790	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	23,002,596	1,375,721	0	1,375,721	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	62,661,539	1,481,561	0	1,481,561	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	62,661,539	1,481,561	0	1,481,561	0	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	3,893,934	0	2.00
3.00	Buildings and Fixtures	34,236,608	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	24,378,317	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	64,143,100	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	64,143,100	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-7 Part II | Date/Time Prepared: 12/17/2018 2:36 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	1,298,014	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)	1,298,014	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	1,298,014		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00
3.00	Total (sum of lines 1-2)	0	1,298,014		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-7 Part III Date/Time Prepared: 12/17/2018 2:36 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	39,764,783	0	39,764,783	0.619939	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	24,378,317	0	24,378,317	0.380061	0	2.00
3.00	Total (sum of lines 1-2)	64,143,100	0	64,143,100	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	1,493,247	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,287,325	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,780,572	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	1,493,247	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,287,325	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	2,780,572	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8 | Date/Time Prepared: 12/17/2018 2:36 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)	A	-3,189	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,164,561			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	1,832,877			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-24,484	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	B	3	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	16.00
17.00	Sale of drugs to other than patients	B	-3,289	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-6,978	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (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	A	-1,328,201	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	-355,141	INTEREST EXPENSE	113.00	11	33.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8 | Date/Time Prepared: 12/17/2018 2:36 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.01	DEFINED PENSION ADJUSTMENT	A	4,555,826	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01
33.02	MISCELLANEOUS INCOME	B	-4,975	PURCHASING RECEIVING AND STORES	5.03	0	33.02
33.03	MISCELLANEOUS INCOME	B	-544,785	ADMIN & GENERAL	5.06	0	33.03
33.04	MISCELLANEOUS INCOME	B	-5,249	PHYSICAL THERAPY	66.00	0	33.04
33.05	MISCELLANEOUS INCOME	B	30	NURSING ADMINISTRATION	13.00	0	33.05
34.00	MISCELLANEOUS INCOME	B	21,000	DATA PROCESSING	5.02	0	34.00
35.00	BANK FEES	B	10,595	RURAL HEALTH CLINIC	88.00	0	35.00
36.00	LOBBYING EXPENSES	A	-16,895	ADMIN & GENERAL	5.06	0	36.00
37.00	MARKETING & COMMUNITY BENEFIT SALARY	A	-117,179	ADMIN & GENERAL	5.06	0	37.00
38.00	MARKETING & COMMUNITY BENEFIT BENEFI	A	-43,028	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.00
39.00	MARKETING & COMMUNITY BENEFIT OTHER	A	-247,501	ADMIN & GENERAL	5.06	0	39.00
39.01	CRNA BENEFITS	A	-25,702	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.01
39.02	MEDICAID PROVIDER TAX	A	-1,380,495	ADMIN & GENERAL	5.06	0	39.02
39.03	ALCOHOL EXPENSE	A	-944	ADMIN & GENERAL	5.06	0	39.03
40.00	EMPLOYEE SELF-INSURANCE	A	-1,412,252	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.00
41.00	MEDICAL GROUP EXPENSE	A	-1,309,703	PHYSICIANS PRIVATE OFFICES	192.00	0	41.00
42.00	RENTAL INCOME	B	-7,000	ADMIN & GENERAL	5.06	0	42.00
43.00	PROPERTY TAX OFFSET	A	-77,168	PHYSICIANS PRIVATE OFFICES	192.00	0	43.00
44.00	BUILDING RE-LIFING	A	188,380	CAP REL COSTS-BLDG & FIXT	1.00	9	44.00
45.00	EQUIPMENT RE-LIFING	A	187,239	CAP REL COSTS-MVBLE EQUIP	2.00	9	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-1,282,769				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 07/01/2017 To 06/30/2018 | Worksheet A-8-1 | Date/Time Prepared: 12/17/2018 2:36 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS - HEALTH &	3,536,871	3,568,083	1.00
2.00	5.02	DATA PROCESSING	INFORMATION SYSTEMS -- ISC M	3,131,824	2,131,688	2.00
3.00	5.06	ADMIN & GENERAL	ADMINISTRATION -- SSC MANAGE	1,256,043	1,027,235	3.00
4.00	5.06	ADMIN & GENERAL	ADMINISTRATION -- PURCHASED	0	20,749	4.00
4.01	88.00	RURAL HEALTH CLINIC	RHC (CONSOLIDATED) -- MEDICA	655,894	0	4.01
4.02	5.06	ADMIN & GENERAL	RELATED PARTY TRANSACTIONS	11,542,254	11,542,254	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.			20,122,886	18,290,009	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 07/01/2017 To 06/30/2018	Worksheet A-8-1 Date/Time Prepared: 12/17/2018 2:36 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	-31,212	0		1.00
2.00	1,000,136	0		2.00
3.00	228,808	0		3.00
4.00	-20,749	0		4.00
4.01	655,894	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	1,832,877			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 07/01/2017 To 06/30/2018 | Worksheet A-8-2 | Date/Time Prepared: 12/17/2018 2:36 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	1,015	0	1,015	211,500	7	1.00
2.00	31.00	INTENSIVE CARE UNIT	15,000	15,000	0	211,500	0	2.00
3.00	43.00	NURSERY	229,156	228,116	1,040	211,500	9	3.00
4.00	50.00	OPERATING ROOM	63,500	63,500	0	246,400	0	4.00
5.00	60.00	LABORATORY	101,199	14,886	86,313	260,300	691	5.00
6.00	65.00	RESPIRATORY THERAPY	65,420	0	65,420	211,500	545	6.00
7.00	66.00	PHYSICAL THERAPY	16,250	0	16,250	211,500	135	7.00
8.00	69.00	ELECTROCARDIOLOGY	14,605	14,605	0	211,500	0	8.00
9.00	91.00	EMERGENCY	596,946	596,946	0	211,500	0	9.00
10.00	91.01	PRIORITY CARE CARLYLE	220,588	218,150	2,438	211,500	20	10.00
200.00			1,323,679	1,151,203	172,476		1,407	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	712	36	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	43.00	NURSERY	915	46	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	60.00	LABORATORY	86,475	4,324	0	0	0	5.00
6.00	65.00	RESPIRATORY THERAPY	55,417	2,771	0	0	0	6.00
7.00	66.00	PHYSICAL THERAPY	13,727	686	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	91.01	PRIORITY CARE CARLYLE	2,034	102	0	0	0	10.00
200.00			159,280	7,965	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	712	303	303		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	15,000		2.00
3.00	43.00	NURSERY	0	915	125	228,241		3.00
4.00	50.00	OPERATING ROOM	0	0	0	63,500		4.00
5.00	60.00	LABORATORY	0	86,475	0	14,886		5.00
6.00	65.00	RESPIRATORY THERAPY	0	55,417	10,003	10,003		6.00
7.00	66.00	PHYSICAL THERAPY	0	13,727	2,523	2,523		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	14,605		8.00
9.00	91.00	EMERGENCY	0	0	0	596,946		9.00
10.00	91.01	PRIORITY CARE CARLYLE	0	2,034	404	218,554		10.00
200.00			0	159,280	13,358	1,164,561		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 12/17/2018 2:36 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,493,247	1,493,247				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,287,325		1,287,325			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,611,038	3,262	7,313	5,621,613		4.00
5.01	00540	NONPATIENT TELEPHONES	139,315	0	309	0	139,624	5.01
5.02	00550	DATA PROCESSING	3,168,948	16,927	220,787	0	7,191	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	269,374	23,663	2,169	51,628	999	5.03
5.04	00570	ADMITTING	503,079	26,128	3,573	182,230	999	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	ADMIN & GENERAL	5,622,911	362,538	32,798	813,643	15,580	5.06
7.00	00700	OPERATION OF PLANT	1,893,155	111,315	51,304	202,435	4,594	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	159,964	26,686	803	0	200	8.00
9.00	00900	HOUSEKEEPING	687,378	13,167	1,152	150,144	1,398	9.00
10.00	01000	DIETARY	82,762	36,704	7,347	15,537	1,598	10.00
11.00	01100	CAFETERIA	424,772	0	0	63,385	0	11.00
13.00	01300	NURSING ADMINISTRATION	903,325	4,478	2,575	304,172	999	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	739,369	7,108	7,566	189,262	999	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	455,922	8,743	19,447	88,000	5,992	16.00
17.00	01700	SOCIAL SERVICE	111,729	1,481	717	28,498	1,198	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	25,516	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,714,279	104,938	80,891	575,881	25,969	30.00
31.00	03100	INTENSIVE CARE UNIT	598	0	1,880	218	1,198	31.00
43.00	04300	NURSERY	258,971	6,417	18,391	93,097	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,464,705	102,393	162,507	470,279	9,788	50.00
51.00	05100	RECOVERY ROOM	19,550	4,889	3,940	7,123	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	509,040	21,405	34,674	183,836	0	52.00
53.00	05300	ANESTHESIOLOGY	14,151	1,289	18,385	43	200	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,244,651	31,077	122,207	364,430	4,394	54.00
57.00	05700	CT SCAN	198,058	3,049	111,450	19,526	0	57.00
58.00	05800	MRI	160,277	4,823	1,281	27,470	0	58.00
60.00	06000	LABORATORY	1,930,639	14,655	138,596	377,147	3,795	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	83,303	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	390,360	7,208	14,484	121,371	2,197	65.00
66.00	06600	PHYSICAL THERAPY	1,441,660	82,696	16,733	441,030	6,991	66.00
69.00	06900	ELECTROCARDIOLOGY	33,405	0	30,465	8,560	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	45,161	0	7,241	16,265	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,783,113	5,634	5,051	25,955	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	444,194	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,475,530	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	105,564	13,393	11,135	38,259	799	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	9,015,662	173,244	44,122	208,611	16,779	88.00
91.00	09100	EMERGENCY	1,091,668	36,379	21,332	352,044	3,595	91.00
91.01	09101	PRIORITY CARE CARLYLE	338,847	11,845	17,966	107,487	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 through 117)	47,316,999	1,267,534	1,220,591	5,553,082	117,452	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	679,617	225,713	66,734	66,302	22,172	192.00
194.00	07950	LIFELINE	6,114	0	0	2,229	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 through 201)	48,002,730	1,493,247	1,287,325	5,621,613	139,624	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 12/17/2018 2:36 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	3,413,853					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	347,833				5.03
5.04	00570	ADMITTING	0	164	716,173			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,413,853	0	0	3,413,853		5.05
5.06	00590	ADMIN & GENERAL	0	2,056	0	0	6,849,526	5.06
7.00	00700	OPERATION OF PLANT	0	7,003	0	0	2,269,806	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	94	0	0	187,747	8.00
9.00	00900	HOUSEKEEPING	0	84	0	0	853,323	9.00
10.00	01000	DIETARY	0	1,285	0	0	145,233	10.00
11.00	01100	CAFETERIA	0	0	0	0	488,157	11.00
13.00	01300	NURSING ADMINISTRATION	0	86	0	0	1,215,635	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	99,896	0	0	1,044,200	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	578,104	16.00
17.00	01700	SOCIAL SERVICE	0	225	0	0	143,848	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	25,516	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	3,499	19,488	92,895	2,617,840	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	84	400	4,378	31.00
43.00	04300	NURSERY	0	138	5,989	28,548	411,551	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	7,669	72,061	343,499	2,632,901	50.00
51.00	05100	RECOVERY ROOM	0	1	5,702	27,182	68,387	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	296	15,740	75,028	840,019	52.00
53.00	05300	ANESTHESIOLOGY	0	651	13,877	66,149	114,745	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,607	80,493	383,692	2,235,551	54.00
57.00	05700	CT SCAN	0	2,531	88,492	421,823	844,929	57.00
58.00	05800	MRI	0	194	25,462	121,373	340,880	58.00
60.00	06000	LABORATORY	0	18,894	155,207	739,851	3,378,784	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	5,694	2,765	13,180	104,942	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	7,883	37,577	581,080	65.00
66.00	06600	PHYSICAL THERAPY	0	254	35,257	168,062	2,192,683	66.00
69.00	06900	ELECTROCARDIOLOGY	0	528	9,434	44,972	127,364	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6	3,942	18,789	91,404	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	114,838	18,140	86,468	2,039,199	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,310	4,659	22,211	503,374	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	39,572	188,630	1,703,732	73.00
76.97	07697	CARDIAC REHABILITATION	0	42	1,796	8,563	179,551	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	33,916	60,097	286,468	9,838,899	88.00
91.00	09100	EMERGENCY	0	923	42,108	200,718	1,748,767	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	395	7,925	37,775	522,240	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 through 117)	3,413,853	338,279	716,173	3,413,853	46,924,295	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	9,554	0	0	1,070,092	192.00
194.00	07950	LIFELINE	0	0	0	0	8,343	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 through 201)	3,413,853	347,833	716,173	3,413,853	48,002,730	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I | Date/Time Prepared: 12/17/2018 2:36 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	6,849,526					5.06
7.00	00700	OPERATION OF PLANT	377,787	2,647,593				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	31,249	74,419	293,415			8.00
9.00	00900	HOUSEKEEPING	142,027	36,718	1,169	1,033,237		9.00
10.00	01000	DIETARY	24,173	102,356	37,121	8,400	317,283	10.00
11.00	01100	CAFETERIA	81,249	0	0	16,801	0	11.00
13.00	01300	NURSING ADMINISTRATION	202,330	12,486	0	11,200	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	173,797	19,823	0	25,201	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	96,220	24,380	0	11,200	0	16.00
17.00	01700	SOCIAL SERVICE	23,942	4,131	0	5,600	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	4,247	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	435,713	292,635	792	179,206	317,283	30.00
31.00	03100	INTENSIVE CARE UNIT	729	0	10,219	33,601	0	31.00
43.00	04300	NURSERY	68,499	17,896	64,766	11,200	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	438,220	285,540	33,843	106,404	0	50.00
51.00	05100	RECOVERY ROOM	11,382	13,635	0	16,801	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	139,813	59,690	37,294	11,200	0	52.00
53.00	05300	ANESTHESIOLOGY	19,098	3,594	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	372,085	86,664	1,991	56,002	0	54.00
57.00	05700	CT SCAN	140,630	8,503	0	5,600	0	57.00
58.00	05800	MRI	56,736	13,450	0	5,600	0	58.00
60.00	06000	LABORATORY	562,365	40,868	29,997	28,001	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	17,467	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	96,715	20,101	0	8,400	0	65.00
66.00	06600	PHYSICAL THERAPY	364,950	230,610	275	22,401	0	66.00
69.00	06900	ELECTROCARDIOLOGY	21,198	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,213	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	339,404	15,710	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	83,782	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	283,569	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	29,884	37,348	1,753	11,200	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	1,637,571	483,119	673	207,210	0	88.00
91.00	09100	EMERGENCY	291,065	101,448	58,989	78,403	0	91.00
91.01	09101	PRIORITY CARE CARLYLE	86,922	33,032	0	28,001	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 through 117)	6,670,031	2,018,156	278,882	887,632	317,283	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	178,106	629,437	14,533	145,605	0	192.00
194.00	07950	LIFELINE	1,389	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 through 201)	6,849,526	2,647,593	293,415	1,033,237	317,283	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I | Date/Time Prepared: 12/17/2018 2:36 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	586,207					11.00
13.00	01300	NURSING ADMINISTRATION	31,279	1,472,930				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	19,356	90,254	0	1,372,631		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,110	0	0	0	727,014	16.00
17.00	01700	SOCIAL SERVICE	3,605	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	87,388	407,283	0	5,454	98,793	30.00
31.00	03100	INTENSIVE CARE UNIT	32	85	0	0	0	31.00
43.00	04300	NURSERY	11,006	51,346	0	34	32,298	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	57,972	270,196	0	0	117,791	50.00
51.00	05100	RECOVERY ROOM	822	3,877	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,187	122,019	0	156	0	52.00
53.00	05300	ANESTHESIOLOGY	63	305	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,462	0	0	0	29,765	54.00
57.00	05700	CT SCAN	3,005	0	0	2,418	0	57.00
58.00	05800	MRI	3,352	0	0	0	0	58.00
60.00	06000	LABORATORY	61,388	0	0	0	214,050	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	18,375	0	0	0	50,030	65.00
66.00	06600	PHYSICAL THERAPY	66,448	0	0	0	43,697	66.00
69.00	06900	ELECTROCARDIOLOGY	1,328	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,973	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	6,515	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	5,819	27,073	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	39,091	182,252	0	1,364,463	0	88.00
91.00	09100	EMERGENCY	42,633	198,666	0	88	24,698	91.00
91.01	09101	PRIORITY CARE CARLYLE	15,434	71,934	0	18	23,432	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 through 117)	575,643	1,425,290	0	1,372,631	634,554	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	10,216	47,640	0	0	92,460	192.00
194.00	07950	LIFELINE	348	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 through 201)	586,207	1,472,930	0	1,372,631	727,014	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I | Date/Time Prepared: 12/17/2018 2:36 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	181,126					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	29,763				19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	172,817	0	4,615,204	0	4,615,204	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	49,044	0	49,044	31.00
43.00	04300	NURSERY	0	0	668,596	0	668,596	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	29,763	3,972,630	0	3,972,630	50.00
51.00	05100	RECOVERY ROOM	0	0	114,904	0	114,904	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,236,378	0	1,236,378	52.00
53.00	05300	ANESTHESIOLOGY	0	0	137,805	0	137,805	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,836,520	0	2,836,520	54.00
57.00	05700	CT SCAN	0	0	1,005,085	0	1,005,085	57.00
58.00	05800	MRI	0	0	420,018	0	420,018	58.00
60.00	06000	LABORATORY	0	0	4,315,453	0	4,315,453	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	122,409	0	122,409	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	774,701	0	774,701	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,921,064	0	2,921,064	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	149,890	0	149,890	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	109,590	0	109,590	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	2,400,828	0	2,400,828	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	587,156	0	587,156	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,987,301	0	1,987,301	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	292,628	0	292,628	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	13,753,278	0	13,753,278	88.00
91.00	09100	EMERGENCY	8,309	0	2,553,066	0	2,553,066	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	0	781,013	0	781,013	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 through 117)	181,126	29,763	45,804,561	0	45,804,561	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	2,188,089	0	2,188,089	192.00
194.00	07950	LIFELINE	0	0	10,080	0	10,080	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 through 201)	181,126	29,763	48,002,730	0	48,002,730	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 12/17/2018 2:36 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	3,262	7,313	10,575	10,575	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	309	309	0	5.01
5.02	00550	DATA PROCESSING	831,295	16,927	220,787	1,069,009	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	23,663	2,169	25,832	97	5.03
5.04	00570	ADMITTING	0	26,128	3,573	29,701	343	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	ADMIN & GENERAL	34,942	362,538	32,798	430,278	1,527	5.06
7.00	00700	OPERATION OF PLANT	1,156	111,315	51,304	163,775	381	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	26,686	803	27,489	0	8.00
9.00	00900	HOUSEKEEPING	0	13,167	1,152	14,319	283	9.00
10.00	01000	DIETARY	0	36,704	7,347	44,051	29	10.00
11.00	01100	CAFETERIA	0	0	0	0	119	11.00
13.00	01300	NURSING ADMINISTRATION	0	4,478	2,575	7,053	572	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	7,108	7,566	14,674	356	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,743	19,447	28,190	166	16.00
17.00	01700	SOCIAL SERVICE	0	1,481	717	2,198	54	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	48	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,401	104,938	80,891	187,230	1,084	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,880	1,880	0	31.00
43.00	04300	NURSERY	0	6,417	18,391	24,808	175	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,000	102,393	162,507	265,900	885	50.00
51.00	05100	RECOVERY ROOM	0	4,889	3,940	8,829	13	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	21,405	34,674	56,079	346	52.00
53.00	05300	ANESTHESIOLOGY	0	1,289	18,385	19,674	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	31,077	122,207	153,284	686	54.00
57.00	05700	CT SCAN	0	3,049	111,450	114,499	37	57.00
58.00	05800	MRI	0	4,823	1,281	6,104	52	58.00
60.00	06000	LABORATORY	0	14,655	138,596	153,251	710	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	7,208	14,484	21,692	228	65.00
66.00	06600	PHYSICAL THERAPY	0	82,696	16,733	99,429	830	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	30,465	30,465	16	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	450	0	7,241	7,691	31	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	5,634	5,051	10,685	49	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	124,009	0	0	124,009	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	13,393	11,135	24,528	72	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	114,566	173,244	44,122	331,932	393	88.00
91.00	09100	EMERGENCY	20,700	36,379	21,332	78,411	662	91.00
91.01	09101	PRIORITY CARE CARLYLE	34,681	11,845	17,966	64,492	202	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 through 117)	1,164,200	1,267,534	1,220,591	3,652,325	10,446	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,012	225,713	66,734	293,459	125	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 through 201)	1,165,212	1,493,247	1,287,325	3,945,784	10,575	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	309					5.01
5.02	00550	DATA PROCESSING	16	1,069,025				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	2	0	25,931			5.03
5.04	00570	ADMITTING	2	0	12	30,058		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,069,025	0	0	1,069,025	5.05
5.06	00590	ADMIN & GENERAL	34	0	153	0	0	5.06
7.00	00700	OPERATION OF PLANT	10	0	522	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	7	0	0	8.00
9.00	00900	HOUSEKEEPING	3	0	6	0	0	9.00
10.00	01000	DIETARY	4	0	96	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2	0	6	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	2	0	7,448	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	3	0	17	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	59	0	261	818	29,089	30.00
31.00	03100	INTENSIVE CARE UNIT	3	0	0	4	125	31.00
43.00	04300	NURSERY	0	0	10	251	8,939	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22	0	572	3,024	107,564	50.00
51.00	05100	RECOVERY ROOM	0	0	0	239	8,512	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	22	661	23,494	52.00
53.00	05300	ANESTHESIOLOGY	0	0	49	582	20,714	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10	0	343	3,378	120,150	54.00
57.00	05700	CT SCAN	0	0	189	3,714	132,090	57.00
58.00	05800	MRI	0	0	14	1,069	38,007	58.00
60.00	06000	LABORATORY	8	0	1,409	6,515	231,685	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	425	116	4,127	63.00
65.00	06500	RESPIRATORY THERAPY	5	0	0	331	11,767	65.00
66.00	06600	PHYSICAL THERAPY	15	0	19	1,480	52,627	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	39	396	14,083	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	165	5,884	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	8,561	761	27,077	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,409	196	6,955	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,661	59,068	73.00
76.97	07697	CARDIAC REHABILITATION	2	0	3	75	2,681	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	37	0	2,529	2,522	89,705	88.00
91.00	09100	EMERGENCY	8	0	69	1,767	62,853	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	0	29	333	11,829	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 through 117)	260	1,069,025	25,219	30,058	1,069,025	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	49	0	712	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 through 201)	309	1,069,025	25,931	30,058	1,069,025	202.00

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		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	431,992					5.06
7.00	00700	OPERATION OF PLANT	23,826	188,514				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,971	5,299	34,766			8.00
9.00	00900	HOUSEKEEPING	8,957	2,614	138	26,320		9.00
10.00	01000	DIETARY	1,525	7,288	4,398	214	57,605	10.00
11.00	01100	CAFETERIA	5,124	0	0	428	0	11.00
13.00	01300	NURSING ADMINISTRATION	12,761	889	0	285	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	10,961	1,411	0	642	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,068	1,736	0	285	0	16.00
17.00	01700	SOCIAL SERVICE	1,510	294	0	143	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	268	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	27,479	20,836	94	4,565	57,605	30.00
31.00	03100	INTENSIVE CARE UNIT	46	0	1,211	856	0	31.00
43.00	04300	NURSERY	4,320	1,274	7,674	285	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	27,638	20,331	4,010	2,710	0	50.00
51.00	05100	RECOVERY ROOM	718	971	0	428	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,818	4,250	4,419	285	0	52.00
53.00	05300	ANESTHESIOLOGY	1,204	256	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,467	6,171	236	1,427	0	54.00
57.00	05700	CT SCAN	8,869	605	0	143	0	57.00
58.00	05800	MRI	3,578	958	0	143	0	58.00
60.00	06000	LABORATORY	35,467	2,910	3,554	713	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	1,102	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	6,100	1,431	0	214	0	65.00
66.00	06600	PHYSICAL THERAPY	23,017	16,420	33	571	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,337	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	959	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	21,405	1,119	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,284	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,884	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	1,885	2,659	208	285	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	103,284	34,399	80	5,279	0	88.00
91.00	09100	EMERGENCY	18,357	7,223	6,989	1,997	0	91.00
91.01	09101	PRIORITY CARE CARLYLE	5,482	2,352	0	713	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 through 117)	420,671	143,696	33,044	22,611	57,605	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	11,233	44,818	1,722	3,709	0	192.00
194.00	07950	LIFELINE	88	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 through 201)	431,992	188,514	34,766	26,320	57,605	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	5,671					11.00
13.00	01300	NURSING ADMINISTRATION	303	21,871				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	187	1,340	0	37,021		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	166	0	0	0	36,624	16.00
17.00	01700	SOCIAL SERVICE	35	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	846	6,048	0	147	4,977	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1	0	0	0	31.00
43.00	04300	NURSERY	106	762	0	1	1,627	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	561	4,012	0	0	5,934	50.00
51.00	05100	RECOVERY ROOM	8	58	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	253	1,812	0	4	0	52.00
53.00	05300	ANESTHESIOLOGY	1	5	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	527	0	0	0	1,499	54.00
57.00	05700	CT SCAN	29	0	0	65	0	57.00
58.00	05800	MRI	32	0	0	0	0	58.00
60.00	06000	LABORATORY	594	0	0	0	10,784	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	178	0	0	0	2,520	65.00
66.00	06600	PHYSICAL THERAPY	643	0	0	0	2,201	66.00
69.00	06900	ELECTROCARDIOLOGY	13	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	29	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	63	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	56	402	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	378	2,706	0	36,802	0	88.00
91.00	09100	EMERGENCY	412	2,950	0	2	1,244	91.00
91.01	09101	PRIORITY CARE CARLYLE	149	1,068	0	0	1,180	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 through 117)	5,569	21,164	0	37,021	31,966	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	99	707	0	0	4,658	192.00
194.00	07950	LIFELINE	3	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 through 201)	5,671	21,871	0	37,021	36,624	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II | Date/Time Prepared: 12/17/2018 2:36 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	4,254					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	316				19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,059		345,197	0	345,197	30.00
31.00	03100	INTENSIVE CARE UNIT	0		4,126	0	4,126	31.00
43.00	04300	NURSERY	0		50,232	0	50,232	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0		443,163	0	443,163	50.00
51.00	05100	RECOVERY ROOM	0		19,776	0	19,776	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		100,443	0	100,443	52.00
53.00	05300	ANESTHESIOLOGY	0		42,485	0	42,485	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		311,178	0	311,178	54.00
57.00	05700	CT SCAN	0		260,240	0	260,240	57.00
58.00	05800	MRI	0		49,957	0	49,957	58.00
60.00	06000	LABORATORY	0		447,600	0	447,600	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0		5,770	0	5,770	63.00
65.00	06500	RESPIRATORY THERAPY	0		44,466	0	44,466	65.00
66.00	06600	PHYSICAL THERAPY	0		197,285	0	197,285	66.00
69.00	06900	ELECTROCARDIOLOGY	0		46,349	0	46,349	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		14,759	0	14,759	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0		69,720	0	69,720	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		14,844	0	14,844	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		202,622	0	202,622	73.00
76.97	07697	CARDIAC REHABILITATION	0		32,856	0	32,856	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		610,046	0	610,046	88.00
91.00	09100	EMERGENCY	195		183,139	0	183,139	91.00
91.01	09101	PRIORITY CARE CARLYLE	0		87,829	0	87,829	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 through 117)	4,254	0	3,584,082	0	3,584,082	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	0		361,291	0	361,291	192.00
194.00	07950	LIFELINE	0		95	0	95	194.00
194.01	07951	DEVELOPMENT	0		0	0	0	194.01
200.00		Cross Foot Adjustments		316	316	0	316	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,254	316	3,945,784	0	3,945,784	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 12/17/2018 2:36 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	224,775					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,157,939				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	491	6,578	15,420,601			4.00
5.01	00540	NONPATIENT TELEPHONES	0	278	0	699		5.01
5.02	00550	DATA PROCESSING	2,548	198,597	0	36	10,000	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	3,562	1,951	141,620	5	0	5.03
5.04	00570	ADMITTING	3,933	3,214	499,875	5	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	10,000	5.05
5.06	00590	ADMIN & GENERAL	54,572	29,502	2,231,898	78	0	5.06
7.00	00700	OPERATION OF PLANT	16,756	46,148	555,297	23	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,017	722	0	1	0	8.00
9.00	00900	HOUSEKEEPING	1,982	1,036	411,859	7	0	9.00
10.00	01000	DIETARY	5,525	6,609	42,620	8	0	10.00
11.00	01100	CAFETERIA	0	0	173,870	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	674	2,316	834,373	5	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	1,070	6,806	519,164	5	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,316	17,492	241,392	30	0	16.00
17.00	01700	SOCIAL SERVICE	223	645	78,172	6	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	69,994	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,796	72,761	1,579,696	130	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,691	598	6	0	31.00
43.00	04300	NURSERY	966	16,543	255,374	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,413	146,174	1,290,019	49	0	50.00
51.00	05100	RECOVERY ROOM	736	3,544	19,539	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,222	31,189	504,279	0	0	52.00
53.00	05300	ANESTHESIOLOGY	194	16,537	119	1	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,678	109,924	999,665	22	0	54.00
57.00	05700	CT SCAN	459	100,248	53,561	0	0	57.00
58.00	05800	MRI	726	1,152	75,352	0	0	58.00
60.00	06000	LABORATORY	2,206	124,666	1,034,549	19	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,085	13,028	332,931	11	0	65.00
66.00	06600	PHYSICAL THERAPY	12,448	15,051	1,209,785	35	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	27,403	23,480	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,513	44,616	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	848	4,543	71,197	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	2,016	10,016	104,948	4	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	26,078	39,687	572,238	84	0	88.00
91.00	09100	EMERGENCY	5,476	19,188	965,689	18	0	91.00
91.01	09101	PRIORITY CARE CARLYLE	1,783	16,160	294,846	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 through 117)	190,799	1,097,912	15,232,615	588	10,000	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	33,976	60,027	181,872	111	0	192.00
194.00	07950	LIFELINE	0	0	6,114	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)	1,493,247	1,287,325	5,621,613	139,624	3,413,853	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.643297	1.111738	0.364552	199.748212	341.385300	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			10,575	309	1,069,025	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000686	0.442060	106.902500	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 12/17/2018 2:36 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	5,088,929					5.03
5.04	00570	ADMITTING	2,406	127,889,899				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	127,889,899			5.05
5.06	00590	ADMIN & GENERAL	30,073	0	0	-6,849,526	41,153,204	5.06
7.00	00700	OPERATION OF PLANT	102,461	0	0	0	2,269,806	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,371	0	0	0	187,747	8.00
9.00	00900	HOUSEKEEPING	1,235	0	0	0	853,323	9.00
10.00	01000	DIETARY	18,799	0	0	0	145,233	10.00
11.00	01100	CAFETERIA	0	0	0	0	488,157	11.00
13.00	01300	NURSING ADMINISTRATION	1,259	0	0	0	1,215,635	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	1,461,516	0	0	0	1,044,200	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	578,104	16.00
17.00	01700	SOCIAL SERVICE	3,295	0	0	0	143,848	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	25,516	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	51,185	3,479,996	3,479,996	0	2,617,840	30.00
31.00	03100	INTENSIVE CARE UNIT	0	15,000	15,000	0	4,378	31.00
43.00	04300	NURSERY	2,017	1,069,445	1,069,445	0	411,551	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	112,204	12,868,029	12,868,029	0	2,632,901	50.00
51.00	05100	RECOVERY ROOM	11	1,018,263	1,018,263	0	68,387	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,329	2,810,682	2,810,682	0	840,019	52.00
53.00	05300	ANESTHESIOLOGY	9,519	2,478,056	2,478,056	0	114,745	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	67,398	14,373,709	14,373,709	0	2,235,551	54.00
57.00	05700	CT SCAN	37,031	15,802,166	15,802,166	0	844,929	57.00
58.00	05800	MRI	2,842	4,546,820	4,546,820	0	340,880	58.00
60.00	06000	LABORATORY	276,431	27,717,526	27,717,526	0	3,378,784	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	83,303	493,739	493,739	0	104,942	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,407,686	1,407,686	0	581,080	65.00
66.00	06600	PHYSICAL THERAPY	3,714	6,295,889	6,295,889	0	2,192,683	66.00
69.00	06900	ELECTROCARDIOLOGY	7,718	1,684,717	1,684,717	0	127,364	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	95	703,854	703,854	0	91,404	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,680,124	3,239,220	3,239,220	0	2,039,199	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	472,714	832,052	832,052	0	503,374	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,066,380	7,066,380	0	1,703,732	73.00
76.97	07697	CARDIAC REHABILITATION	616	320,784	320,784	0	179,551	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	496,197	10,731,555	10,731,555	0	9,838,899	88.00
91.00	09100	EMERGENCY	13,508	7,519,223	7,519,223	0	1,748,767	91.00
91.01	09101	PRIORITY CARE CARLYLE	5,782	1,415,108	1,415,108	0	522,240	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 through 117)	4,949,153	127,889,899	127,889,899	-6,849,526	40,074,769	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	139,776	0	0	0	1,070,092	192.00
194.00	07950	LIFELINE	0	0	0	0	8,343	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)	347,833	716,173	3,413,853		6,849,526	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.068351	0.005600	0.026694		0.166440	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	25,931	30,058	1,069,025		431,992	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.005096	0.000235	0.008359		0.010497	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 12/17/2018 2:36 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	142,913					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,017	172,740				8.00
9.00	00900	HOUSEKEEPING	1,982	688	9,225			9.00
10.00	01000	DIETARY	5,525	21,854	75	10,000		10.00
11.00	01100	CAFETERIA	0	0	150	0	18,535	11.00
13.00	01300	NURSING ADMINISTRATION	674	0	100	0	989	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	1,070	0	225	0	612	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,316	0	100	0	541	16.00
17.00	01700	SOCIAL SERVICE	223	0	50	0	114	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,796	466	1,600	10,000	2,763	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,016	300	0	1	31.00
43.00	04300	NURSERY	966	38,130	100	0	348	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,413	19,924	950	0	1,833	50.00
51.00	05100	RECOVERY ROOM	736	0	150	0	26	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,222	21,956	100	0	828	52.00
53.00	05300	ANESTHESIOLOGY	194	0	0	0	2	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,678	1,172	500	0	1,722	54.00
57.00	05700	CT SCAN	459	0	50	0	95	57.00
58.00	05800	MRI	726	0	50	0	106	58.00
60.00	06000	LABORATORY	2,206	17,660	250	0	1,941	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,085	0	75	0	581	65.00
66.00	06600	PHYSICAL THERAPY	12,448	162	200	0	2,101	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	42	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	94	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	848	0	0	0	206	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	2,016	1,032	100	0	184	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	26,078	396	1,850	0	1,236	88.00
91.00	09100	EMERGENCY	5,476	34,728	700	0	1,348	91.00
91.01	09101	PRIORITY CARE CARLYLE	1,783	0	250	0	488	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 through 117)	108,937	164,184	7,925	10,000	18,201	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	33,976	8,556	1,300	0	323	192.00
194.00	07950	LIFELINE	0	0	0	0	11	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)	2,647,593	293,415	1,033,237	317,283	586,207	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.525907	1.698593	112.004011	31.728300	31.627030	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	188,514	34,766	26,320	57,605	5,671	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.319082	0.201262	2.853117	5.760500	0.305962	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 12/17/2018 2:36 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	207,832					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0				14.00
15.00	01500	PHARMACY	12,735	0	528,527			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,148		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	545	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	57,468	0	2,100	156	520	30.00
31.00	03100	INTENSIVE CARE UNIT	12	0	0	0	0	31.00
43.00	04300	NURSERY	7,245	0	13	51	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	38,125	0	0	186	0	50.00
51.00	05100	RECOVERY ROOM	547	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,217	0	60	0	0	52.00
53.00	05300	ANESTHESIOLOGY	43	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	47	0	54.00
57.00	05700	CT SCAN	0	0	931	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	338	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	79	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	69	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	3,820	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	25,716	0	525,382	0	0	88.00
91.00	09100	EMERGENCY	28,032	0	34	39	25	91.00
91.01	09101	PRIORITY CARE CARLYLE	10,150	0	7	37	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 through 117)	201,110	0	528,527	1,002	545	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS PRIVATE OFFICES	6,722	0	0	146	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)	1,472,930	0	1,372,631	727,014	181,126	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.087118	0.000000	2.597088	633.287456	332.341284	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	21,871	0	37,021	36,624	4,254	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.105234	0.000000	0.070046	31.902439	7.805505	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 12/17/2018 2:36 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
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 through 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)	29,763		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.976300		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	316		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.031600		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 12/17/2018 2:36 pm

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,615,204		4,615,204	0	4,615,204	30.00
31.00	03100	INTENSIVE CARE UNIT	49,044		49,044	0	49,044	31.00
43.00	04300	NURSERY	668,596		668,596	125	668,721	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,972,630		3,972,630	0	3,972,630	50.00
51.00	05100	RECOVERY ROOM	114,904		114,904	0	114,904	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,236,378		1,236,378	0	1,236,378	52.00
53.00	05300	ANESTHESIOLOGY	137,805		137,805	0	137,805	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,836,520		2,836,520	0	2,836,520	54.00
57.00	05700	CT SCAN	1,005,085		1,005,085	0	1,005,085	57.00
58.00	05800	MRI	420,018		420,018	0	420,018	58.00
60.00	06000	LABORATORY	4,315,453		4,315,453	0	4,315,453	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	122,409		122,409	0	122,409	63.00
65.00	06500	RESPIRATORY THERAPY	774,701	0	774,701	10,003	784,704	65.00
66.00	06600	PHYSICAL THERAPY	2,921,064	0	2,921,064	2,523	2,923,587	66.00
69.00	06900	ELECTROCARDIOLOGY	149,890		149,890	0	149,890	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	109,590		109,590	0	109,590	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	2,400,828		2,400,828	0	2,400,828	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	587,156		587,156	0	587,156	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,987,301		1,987,301	0	1,987,301	73.00
76.97	07697	CARDIAC REHABILITATION	292,628		292,628	0	292,628	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	13,753,278		13,753,278	0	13,753,278	88.00
91.00	09100	EMERGENCY	2,553,066		2,553,066	0	2,553,066	91.00
91.01	09101	PRIORITY CARE CARLYLE	781,013		781,013	404	781,417	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	489,388		489,388		489,388	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	46,293,949	0	46,293,949	13,055	46,307,004	200.00
201.00		Less Observation Beds	489,388		489,388		489,388	201.00
202.00		Total (see instructions)	45,804,561	0	45,804,561	13,055	45,817,616	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 12/17/2018 2:36 pm

Title XVIII | Hospital | PPS

		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	2,992,665		2,992,665			30.00
31.00	03100	INTENSIVE CARE UNIT	15,000		15,000			31.00
43.00	04300	NURSERY	1,069,445		1,069,445			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	932,258	11,935,771	12,868,029	0.308721	0.000000	50.00
51.00	05100	RECOVERY ROOM	157,887	860,376	1,018,263	0.112843	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,269,881	540,801	2,810,682	0.439885	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	437,979	2,040,077	2,478,056	0.055610	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	814,743	13,558,966	14,373,709	0.197341	0.000000	54.00
57.00	05700	CT SCAN	1,566,697	14,235,469	15,802,166	0.063604	0.000000	57.00
58.00	05800	MRI	136,837	4,409,983	4,546,820	0.092376	0.000000	58.00
60.00	06000	LABORATORY	2,824,950	24,892,576	27,717,526	0.155694	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	216,525	277,214	493,739	0.247922	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	795,927	611,759	1,407,686	0.550337	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	270,692	6,025,197	6,295,889	0.463964	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	153,055	1,531,662	1,684,717	0.088970	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	703,854	703,854	0.155700	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,423,523	1,815,697	3,239,220	0.741175	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	383,755	448,297	832,052	0.705672	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,718,355	5,348,025	7,066,380	0.281233	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	0	320,784	320,784	0.912228	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	10,731,555	10,731,555			88.00
91.00	09100	EMERGENCY	848,522	6,670,701	7,519,223	0.339539	0.000000	91.00
91.01	09101	PRIORITY CARE CARLYLE	6,332	1,408,776	1,415,108	0.551911	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	92,171	395,160	487,331	1.004221	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	19,127,199	108,762,700	127,889,899			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	19,127,199	108,762,700	127,889,899			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 12/17/2018 2:36 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.308721	50.00
51.00	05100	RECOVERY ROOM	0.112843	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.439885	52.00
53.00	05300	ANESTHESIOLOGY	0.055610	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197341	54.00
57.00	05700	CT SCAN	0.063604	57.00
58.00	05800	MRI	0.092376	58.00
60.00	06000	LABORATORY	0.155694	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.247922	63.00
65.00	06500	RESPIRATORY THERAPY	0.557442	65.00
66.00	06600	PHYSICAL THERAPY	0.464364	66.00
69.00	06900	ELECTROCARDIOLOGY	0.088970	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.155700	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.741175	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.705672	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.281233	73.00
76.97	07697	CARDIAC REHABILITATION	0.912228	76.97
		OUTPATIENT SERVICE COST CENTERS		
88.00	08800	RURAL HEALTH CLINIC		88.00
91.00	09100	EMERGENCY	0.339539	91.00
91.01	09101	PRIORITY CARE CARLYLE	0.552196	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1.004221	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 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 12/17/2018 2:36 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,615,204		4,615,204	0	4,615,204	30.00
31.00	03100	INTENSIVE CARE UNIT	49,044		49,044	0	49,044	31.00
43.00	04300	NURSERY	668,596		668,596	125	668,721	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,972,630		3,972,630	0	3,972,630	50.00
51.00	05100	RECOVERY ROOM	114,904		114,904	0	114,904	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,236,378		1,236,378	0	1,236,378	52.00
53.00	05300	ANESTHESIOLOGY	137,805		137,805	0	137,805	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,836,520		2,836,520	0	2,836,520	54.00
57.00	05700	CT SCAN	1,005,085		1,005,085	0	1,005,085	57.00
58.00	05800	MRI	420,018		420,018	0	420,018	58.00
60.00	06000	LABORATORY	4,315,453		4,315,453	0	4,315,453	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	122,409		122,409	0	122,409	63.00
65.00	06500	RESPIRATORY THERAPY	774,701	0	774,701	10,003	784,704	65.00
66.00	06600	PHYSICAL THERAPY	2,921,064	0	2,921,064	2,523	2,923,587	66.00
69.00	06900	ELECTROCARDIOLOGY	149,890		149,890	0	149,890	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	109,590		109,590	0	109,590	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	2,400,828		2,400,828	0	2,400,828	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	587,156		587,156	0	587,156	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,987,301		1,987,301	0	1,987,301	73.00
76.97	07697	CARDIAC REHABILITATION	292,628		292,628	0	292,628	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	13,753,278		13,753,278	0	13,753,278	88.00
91.00	09100	EMERGENCY	2,553,066		2,553,066	0	2,553,066	91.00
91.01	09101	PRIORITY CARE CARLYLE	781,013		781,013	404	781,417	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	489,388		489,388		489,388	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	46,293,949	0	46,293,949	13,055	46,307,004	200.00
201.00		Less Observation Beds	489,388		489,388		489,388	201.00
202.00		Total (see instructions)	45,804,561	0	45,804,561	13,055	45,817,616	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 12/17/2018 2:36 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	2,992,665		2,992,665			30.00
31.00	03100	INTENSIVE CARE UNIT	15,000		15,000			31.00
43.00	04300	NURSERY	1,069,445		1,069,445			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	932,258	11,935,771	12,868,029	0.308721	0.000000	50.00
51.00	05100	RECOVERY ROOM	157,887	860,376	1,018,263	0.112843	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,269,881	540,801	2,810,682	0.439885	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	437,979	2,040,077	2,478,056	0.055610	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	814,743	13,558,966	14,373,709	0.197341	0.000000	54.00
57.00	05700	CT SCAN	1,566,697	14,235,469	15,802,166	0.063604	0.000000	57.00
58.00	05800	MRI	136,837	4,409,983	4,546,820	0.092376	0.000000	58.00
60.00	06000	LABORATORY	2,824,950	24,892,576	27,717,526	0.155694	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	216,525	277,214	493,739	0.247922	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	795,927	611,759	1,407,686	0.550337	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	270,692	6,025,197	6,295,889	0.463964	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	153,055	1,531,662	1,684,717	0.088970	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	703,854	703,854	0.155700	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,423,523	1,815,697	3,239,220	0.741175	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	383,755	448,297	832,052	0.705672	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,718,355	5,348,025	7,066,380	0.281233	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	0	320,784	320,784	0.912228	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	10,731,555	10,731,555	1.281574	0.000000	88.00
91.00	09100	EMERGENCY	848,522	6,670,701	7,519,223	0.339539	0.000000	91.00
91.01	09101	PRIORITY CARE CARLYLE	6,332	1,408,776	1,415,108	0.551911	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	92,171	395,160	487,331	1.004221	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	19,127,199	108,762,700	127,889,899			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	19,127,199	108,762,700	127,889,899			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 12/17/2018 2:36 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
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 07/01/2017 To 06/30/2018 | Worksheet D Part I Date/Time Prepared: 12/17/2018 2:36 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	345,197	0	345,197	3,395	101.68	30.00
31.00	INTENSIVE CARE UNIT	4,126		4,126	5	825.20	31.00
43.00	NURSERY	50,232		50,232	1,240	40.51	43.00
200.00	Total (lines 30 through 199)	399,555		399,555	4,640		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	1,420	144,386	30.00
31.00	INTENSIVE CARE UNIT	5	4,126	31.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30 through 199)	1,425	148,512	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part II Date/Time Prepared: 12/17/2018 2:36 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	443,163	12,868,029	0.034439	534,671	18,414	50.00
51.00	05100	RECOVERY ROOM	19,776	1,018,263	0.019421	71,202	1,383	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	100,443	2,810,682	0.035736	2,761	99	52.00
53.00	05300	ANESTHESIOLOGY	42,485	2,478,056	0.017144	107,453	1,842	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	311,178	14,373,709	0.021649	605,407	13,106	54.00
57.00	05700	CT SCAN	260,240	15,802,166	0.016469	1,112,640	18,324	57.00
58.00	05800	MRI	49,957	4,546,820	0.010987	87,246	959	58.00
60.00	06000	LABORATORY	447,600	27,717,526	0.016149	1,638,526	26,461	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	5,770	493,739	0.011686	56,416	659	63.00
65.00	06500	RESPIRATORY THERAPY	44,466	1,407,686	0.031588	480,189	15,168	65.00
66.00	06600	PHYSICAL THERAPY	197,285	6,295,889	0.031336	166,125	5,206	66.00
69.00	06900	ELECTROCARDIOLOGY	46,349	1,684,717	0.027511	129,994	3,576	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,759	703,854	0.020969	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	69,720	3,239,220	0.021524	832,985	17,929	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,844	832,052	0.017840	231,284	4,126	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	202,622	7,066,380	0.028674	870,561	24,962	73.00
76.97	07697	CARDIAC REHABILITATION	32,856	320,784	0.102424	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	610,046	10,731,555	0.056846	0	0	88.00
91.00	09100	EMERGENCY	183,139	7,519,223	0.024356	562,037	13,689	91.00
91.01	09101	PRIORITY CARE CARLYLE	87,829	1,415,108	0.062065	2,986	185	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	36,604	487,331	0.075111	54,784	4,115	92.00
200.00		Total (lines 50 through 199)	3,221,131	123,812,789		7,547,267	170,203	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part III Date/Time Prepared: 12/17/2018 2:36 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	3,395	0.00	1,420	30.00
31.00	03100	INTENSIVE CARE UNIT		0	5	0.00	5	31.00
43.00	04300	NURSERY		0	1,240	0.00	0	43.00
200.00		Total (lines 30 through 199)		0	4,640		1,425	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			9.00	
		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
200.00		Total (lines 30 through 199)	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part IV Date/Time Prepared: 12/17/2018 2:36 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		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
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	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part IV Date/Time Prepared: 12/17/2018 2:36 pm

Title XVIII | Hospital | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	12,868,029	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,018,263	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,810,682	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	2,478,056	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	14,373,709	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	15,802,166	0.000000	57.00
58.00	05800	MRI	0	0	0	4,546,820	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	27,717,526	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	493,739	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,407,686	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,295,889	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,684,717	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	703,854	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	3,239,220	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	832,052	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,066,380	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	320,784	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	10,731,555	0.000000	88.00
91.00	09100	EMERGENCY	0	0	0	7,519,223	0.000000	91.00
91.01	09101	PRIORITY CARE CARLYLE	0	0	0	1,415,108	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	487,331	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	123,812,789		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part IV Date/Time Prepared: 12/17/2018 2:36 pm

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		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	534,671	0	3,201,799	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	71,202	0	234,313	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	2,761	0	365	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	107,453	0	518,470	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	605,407	0	4,321,559	0	54.00
57.00	05700	CT SCAN	0.000000	1,112,640	0	5,740,439	0	57.00
58.00	05800	MRI	0.000000	87,246	0	1,383,343	0	58.00
60.00	06000	LABORATORY	0.000000	1,638,526	0	3,220,561	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000	56,416	0	51,046	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	480,189	0	186,999	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	166,125	0	1,105,036	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	129,994	0	719,820	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	323,979	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000	832,985	0	479,061	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	231,284	0	113,860	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	870,561	0	2,458,883	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	182,390	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
91.00	09100	EMERGENCY	0.000000	562,037	0	2,148,526	0	91.00
91.01	09101	PRIORITY CARE CARLYLE	0.000000	2,986	0	142,151	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000	54,784	0	163,592	0	92.00
200.00		Total (lines 50 through 199)		7,547,267	0	26,696,192	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part V Date/Time Prepared: 12/17/2018 2:36 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	0.308721	3,201,799	0	0	988,463	50.00
51.00	05100	RECOVERY ROOM	0.112843	234,313	0	0	26,441	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.439885	365	0	0	161	52.00
53.00	05300	ANESTHESIOLOGY	0.055610	518,470	0	0	28,832	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197341	4,321,559	0	0	852,821	54.00
57.00	05700	CT SCAN	0.063604	5,740,439	0	0	365,115	57.00
58.00	05800	MRI	0.092376	1,383,343	0	0	127,788	58.00
60.00	06000	LABORATORY	0.155694	3,220,561	703	0	501,422	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.247922	51,046	0	0	12,655	63.00
65.00	06500	RESPIRATORY THERAPY	0.550337	186,999	0	0	102,912	65.00
66.00	06600	PHYSICAL THERAPY	0.463964	1,105,036	0	0	512,697	66.00
69.00	06900	ELECTROCARDIOLOGY	0.088970	719,820	0	0	64,042	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.155700	323,979	0	0	50,444	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.741175	479,061	0	0	355,068	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.705672	113,860	0	0	80,348	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.281233	2,458,883	0	4,803	691,519	73.00
76.97	07697	CARDIAC REHABILITATION	0.912228	182,390	0	0	166,381	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
91.00	09100	EMERGENCY	0.339539	2,148,526	0	0	729,508	91.00
91.01	09101	PRIORITY CARE CARLYLE	0.551911	142,151	0	0	78,455	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1.004221	163,592	0	0	164,283	92.00
200.00		Subtotal (see instructions)		26,696,192	703	4,803	5,899,355	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		26,696,192	703	4,803	5,899,355	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part V Date/Time Prepared: 12/17/2018 2:36 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	109	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	0	1,351	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
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)	109	1,351	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	109	1,351	202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D-1 | Date/Time Prepared: 12/17/2018 2:36 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)	3,395	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,395	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)	3,035	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)	1,420	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)	4,615,204	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)	4,615,204	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)	4,615,204	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)	1,359.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,930,362	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,930,362	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D-1 | Date/Time Prepared: 12/17/2018 2:36 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	49,044	5	9,808.80	5	49,044	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)	2,276,996	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	4,256,402	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)	148,512	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	170,203	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	318,715	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	3,937,687	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)	360	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,359.41	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	489,388	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D-1 | Date/Time Prepared: 12/17/2018 2:36 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	345,197	4,615,204	0.074796	489,388	36,604	90.00
91.00	Nursing School cost	0	4,615,204	0.000000	489,388	0	91.00
92.00	Allied health cost	0	4,615,204	0.000000	489,388	0	92.00
93.00	All other Medical Education	0	4,615,204	0.000000	489,388	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D-3 | Date/Time Prepared: 12/17/2018 2:36 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		1,352,415		30.00
31.00	03100	INTENSIVE CARE UNIT		10,500		31.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.308721	534,671	165,064	50.00
51.00	05100	RECOVERY ROOM	0.112843	71,202	8,035	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.439885	2,761	1,215	52.00
53.00	05300	ANESTHESIOLOGY	0.055610	107,453	5,975	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197341	605,407	119,472	54.00
57.00	05700	CT SCAN	0.063604	1,112,640	70,768	57.00
58.00	05800	MRI	0.092376	87,246	8,059	58.00
60.00	06000	LABORATORY	0.155694	1,638,526	255,109	60.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.247922	56,416	13,987	63.00
65.00	06500	RESPIRATORY THERAPY	0.557442	480,189	267,678	65.00
66.00	06600	PHYSICAL THERAPY	0.464364	166,125	77,142	66.00
69.00	06900	ELECTROCARDIOLOGY	0.088970	129,994	11,566	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.155700	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.741175	832,985	617,388	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.705672	231,284	163,211	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.281233	870,561	244,830	73.00
76.97	07697	CARDIAC REHABILITATION	0.912228	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
91.00	09100	EMERGENCY	0.339539	562,037	190,833	91.00
91.01	09101	PRIORITY CARE CARLYLE	0.552196	2,986	1,649	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1.004221	54,784	55,015	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		7,547,267	2,276,996	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)		7,547,267		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0145	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 12/17/2018 2:36 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)	760,387	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	2,130,342	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)	12,755	2.00
2.01	Outlier reconciliation amount	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	2.02
3.00	Managed Care Simulated Payments	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	45.95	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 that 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 § 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 § 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 § 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 § 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 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)	3.11	30.00
31.00	Percentage of Medicaid patient days (see instructions)	18.79	31.00
32.00	Sum of lines 30 and 31	21.90	32.00
33.00	Allowable disproportionate share percentage (see instructions)	7.28	33.00
34.00	Disproportionate share adjustment (see instructions)	52,611	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0145	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 12/17/2018 2:36 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)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	171,566	274,955	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	43,244	205,651	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	248,895		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
		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)	3,204,990		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)		3,204,990	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		234,526	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)		3,439,516	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		3,439,516	61.00
62.00	Deductibles billed to program beneficiaries		406,368	62.00
63.00	Coinsurance billed to program beneficiaries		0	63.00
64.00	Allowable bad debts (see instructions)		39,789	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		25,863	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		26,789	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		3,059,011	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			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)		41,167	70.93
70.94	HRR adjustment amount (see instructions)		-1,065	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet E Part A Date/Time Prepared: 12/17/2018 2:36 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)	2017	217,960	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)	2018	466,627	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)		3,783,700	71.00
71.01	Sequestration adjustment (see instructions)		75,674	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		3,676,363	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, 71.02, 72, and 73)		31,663	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (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
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Reimbursement			
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
	Adjustment to Medicare Part A Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
	Comparision of PPS versus Cost Reimbursement			
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 12/17/2018 2:36 pm

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		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	760,387	0	760,387		760,387	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,130,342	0		2,130,342	2,130,342	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	12,755	0	1,382	11,373	12,755	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0728	0.0728	0.0728	0.0728		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	52,611	0	13,839	38,772	52,611	11.00
11.01	Uncompensated care payments	36.00	248,895	0	43,244	205,651	248,895	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	3,204,990	0	818,852	2,386,138	3,204,990	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	3,204,990	0	818,852	2,386,138	3,204,990	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	234,526	0	295,827	-61,301	234,526	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 12/17/2018 2:36 pm

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		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	1,114,679	2,324,837	3,439,516	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	233,243	0	294,326	-61,083	233,243	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	1,283	0	1,501	-218	1,283	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	234,526	0	295,827	-61,301	234,526	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.195536	0.200714		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			217,960		217,960	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				466,627	466,627	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 12/17/2018 2:36 pm

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		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	760,387	760,387		760,387	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,130,342		2,130,342	2,130,342	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	12,755	1,382	11,373	12,755	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0728	0.0728	0.0728		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	52,611	13,839	38,772	52,611	11.00
11.01	Uncompensated care payments	36.00	248,895	43,244	205,651	248,895	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	3,204,990	818,852	2,386,138	3,204,990	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	3,204,990	818,852	2,386,138	3,204,990	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	234,526	295,827	-61,301	234,526	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			1,114,679	2,324,837	3,439,516	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 12/17/2018 2:36 pm

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		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	233,243	294,326	-61,083	233,243	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	1,283	1,501	-218	1,283	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	234,526	295,827	-61,301	234,526	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	217,960	217,960		217,960	28.00
29.00	Low volume adjustment on or after October 1	70.97	466,627		466,627	466,627	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	41,167	16,030	25,137	41,167	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-1,065	0	-1,065	-1,065	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0145	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 12/17/2018 2:36 pm
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		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	1,460	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	5,899,355	2.00
3.00	OPPS payments	4,664,398	3.00
4.00	Outlier payment (see instructions)	0	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from 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)	1,460	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	5,506	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)	5,506	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)	5,506	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	4,046	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 (see instructions)	1,460	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, 4.01, 8 and 9)	4,664,398	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	958,378	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)	3,707,480	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)	3,707,480	30.00
31.00	Primary payer payments	255	31.00
32.00	Subtotal (line 30 minus line 31)	3,707,225	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)	52,155	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	33,901	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	30,512	36.00
37.00	Subtotal (see instructions)	3,741,126	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-31	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
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)	3,741,157	40.00
40.01	Sequestration adjustment (see instructions)	74,823	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	3,665,204	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	1,130	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 07/01/2017 To 06/30/2018 | Worksheet E-1 Part I | Date/Time Prepared: 12/17/2018 2:36 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		3,708,933		3,674,858	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	02/01/2018	32,570	02/01/2018	9,654	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)		-32,570		-9,654	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)		3,676,363		3,665,204	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		31,663		1,130	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,708,026		3,666,334	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 07/01/2017 To 06/30/2018	Worksheet E-1 Part II Date/Time Prepared: 12/17/2018 2:36 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		1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		7.00
8.00	Calculation of the HIT incentive payment (see instructions)		8.00
9.00	Sequestration adjustment amount (see instructions)		9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)		30.00
31.00	Other Adjustment (specify)		31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		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 07/01/2017 To 06/30/2018 | Worksheet G | Date/Time Prepared: 12/17/2018 2:36 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	1,150,117	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	1,890,554	0	0	0	3.00
4.00	Accounts receivable	24,045,544	0	0	0	4.00
5.00	Other receivable	317,650	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-15,161,484	0	0	0	6.00
7.00	Inventory	691,072	0	0	0	7.00
8.00	Prepaid expenses	83,963	0	0	0	8.00
9.00	Other current assets	3,495,467	0	0	0	9.00
10.00	Due from other funds	107,536	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	16,620,419	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	1,634,241	0	0	0	12.00
13.00	Land improvements	3,893,934	0	0	0	13.00
14.00	Accumulated depreciation	-2,970,365	0	0	0	14.00
15.00	Buildings	19,308,220	0	0	0	15.00
16.00	Accumulated depreciation	-11,618,811	0	0	0	16.00
17.00	Leasehold improvements	267,301	0	0	0	17.00
18.00	Accumulated depreciation	-184,035	0	0	0	18.00
19.00	Fixed equipment	14,661,087	0	0	0	19.00
20.00	Accumulated depreciation	-11,951,874	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	24,378,317	0	0	0	23.00
24.00	Accumulated depreciation	-20,516,326	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)	16,901,689	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	130,647,810	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	12,699,082	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	143,346,892	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	176,869,000	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	1,725,116	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,594,449	0	0	0	38.00
39.00	Payroll taxes payable	24,089	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,495,467	0	0	0	40.00
41.00	Deferred income	61	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	853,233	0	0	0	43.00
44.00	Other current liabilities	3,825,635	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	11,518,050	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	13,041,140	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	8,744,524	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	21,785,664	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	33,303,714	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	143,565,286				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)	143,565,286	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	176,869,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 14-0145 | Period: From 07/01/2017 To 06/30/2018 | Worksheet G-1 | Date/Time Prepared: 12/17/2018 2:36 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		164,612,087		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		13,571,251				2.00
3.00	Total (sum of line 1 and line 2)		178,183,338		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		178,183,338		0		11.00
12.00	NET TRANSFERS	34,618,052		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)		34,618,052		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		143,565,286		0		19.00

		Endowment Fund	Plant Fund		
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)				2.00
3.00	Total (sum of line 1 and line 2)	0		0	3.00
4.00	Additions (credit adjustments) (specify)		0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	NET TRANSFERS		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 07/01/2017 To 06/30/2018 | Worksheet G-2 Parts I & II | Date/Time Prepared: 12/17/2018 2:36 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	4,171,058		4,171,058	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)	4,171,058		4,171,058	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	15,000		15,000	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)	15,000		15,000	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	4,186,058		4,186,058	17.00
18.00	Ancillary services	14,416,605	92,163,076	106,579,681	18.00
19.00	Outpatient services	959,116	8,626,863	9,585,979	19.00
20.00	RURAL HEALTH CLINIC	0	10,731,555	10,731,555	20.00
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	1,255,961	3,378,410	4,634,371	27.00
27.01	LIFELINE	0	41,025	41,025	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	20,817,740	114,940,929	135,758,669	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		49,285,499		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)		49,285,499		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 14-0145	Period: From 07/01/2017 To 06/30/2018	Worksheet G-3 Date/Time Prepared: 12/17/2018 2:36 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	135,758,669	1.00
2.00	Less contractual allowances and discounts on patients' accounts	79,976,637	2.00
3.00	Net patient revenues (line 1 minus line 2)	55,782,032	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	49,285,499	4.00
5.00	Net income from service to patients (line 3 minus line 4)	6,496,533	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	0	13.00
14.00	Revenue from meals sold to employees and guests	24,484	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	4,972	16.00
17.00	Revenue from sale of drugs to other than patients	3,289	17.00
18.00	Revenue from sale of medical records and abstracts	6,978	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	409,501	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	6,625,494	24.00
25.00	Total other income (sum of lines 6-24)	7,074,718	25.00
26.00	Total (line 5 plus line 25)	13,571,251	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)	13,571,251	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 14-0145	Period: From 07/01/2017 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 12/17/2018 2:36 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	233,243	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	1,283	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)	9.10	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)	234,526	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 07/01/2017 To 06/30/2018 | Worksheet M-1 | Date/Time Prepared: 12/17/2018 2:36 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	3,069,867	3,069,867	0	3,069,867	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	69,407	1,135,173	1,204,580	0	1,204,580	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	6,158	506,500	512,658	0	512,658	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	45,159	45,159	0	45,159	9.00
10.00	Subtotal (sum of lines 1 through 9)	75,565	4,756,699	4,832,264	0	4,832,264	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	57,644	57,644	0	57,644	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	57,644	57,644	0	57,644	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	75,565	4,814,343	4,889,908	0	4,889,908	22.00
	COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	525,451	525,451	0	525,451	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	525,451	525,451	0	525,451	28.00
	FACILITY OVERHEAD						
29.00	Facility Costs	0	282,528	282,528	-21,394	261,134	29.00
30.00	Administrative Costs	496,673	2,068,011	2,564,684	107,996	2,672,680	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	496,673	2,350,539	2,847,212	86,602	2,933,814	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	572,238	7,690,333	8,262,571	86,602	8,349,173	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0145 | Component CCN: 14-8503 | Period: From 07/01/2017 To 06/30/2018 | Worksheet M-1 | Date/Time Prepared: 12/17/2018 2:36 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	3,069,867		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	1,204,580		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	512,658		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	45,159		9.00
10.00	Subtotal (sum of lines 1 through 9)	0	4,832,264		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	57,644		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	57,644		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	4,889,908		22.00
	COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	525,451		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	525,451		28.00
	FACILITY OVERHEAD				
29.00	Facility Costs	0	261,134		29.00
30.00	Administrative Costs	666,489	3,339,169		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	666,489	3,600,303		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	666,489	9,015,662		32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 14-0145 | Component CCN: 14-8503 | Period: From 07/01/2017 To 06/30/2018 | Worksheet M-2 | Date/Time Prepared: 12/17/2018 2:36 pm

		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	RHC I Cost: Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
	VISITS AND PRODUCTIVITY						
	Positions						
1.00	Physician	7.05	36,421	4,200	29,610		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	6.77	18,087	2,100	14,217		3.00
4.00	Subtotal (sum of lines 1 through 3)	13.82	54,508		43,827	54,508	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)	13.82	54,508			54,508	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)					4,889,908	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					525,451	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					5,415,359	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					0.902970	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					3,600,303	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					4,737,616	15.00
16.00	Total overhead (sum of lines 14 and 15)					8,337,919	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					8,337,919	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					7,528,891	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					12,418,799	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES	Provider CCN: 14-0145 Component CCN: 14-8503	Period: From 07/01/2017 To 06/30/2018	Worksheet M-3 Date/Time Prepared: 12/17/2018 2:36 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)			12,418,799	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			684,090	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			11,734,709	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			54,508	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)			54,508	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			215.28	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)	82.30	83.45		8.00
9.00	Rate for Program covered visits (see instructions)	215.28	215.28		9.00
	CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	6,677	6,330		10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	1,437,425	1,362,722		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	2,800,147		16.00
16.01	Total program charges (see instructions)(from contractor's records)		2,179,098		16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		14,876		16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		19,117		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.)		2,032,709		16.04
16.05	Total program cost (see instructions)	0	2,051,826		16.05
17.00	Primary payer amounts		715		17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		240,144		18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		384,810		19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		2,051,111		20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		175,864		21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		2,226,975		22.00
23.00	Allowable bad debts (see instructions)		4,317		23.00
23.01	Adjusted reimbursable bad debts (see instructions)		2,806		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
25.99	Demonstration payment adjustment amount before sequestration		0		25.99
26.00	Net reimbursable amount (see instructions)		2,229,781		26.00
26.01	Sequestration adjustment (see instructions)		44,596		26.01
26.02	Demonstration payment adjustment amount after sequestration		0		26.02
27.00	Interim payments		1,430,360		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, 26.02, 27, and 28)		754,825		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 07/01/2017 To 06/30/2018	Worksheet M-4 Date/Time Prepared: 12/17/2018 2:36 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)	4,832,264	4,832,264	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.006262	0.013509	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	30,260	65,279	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	128,131	45,691	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	158,391	110,970	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	4,889,908	4,889,908	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	7,528,891	7,528,891	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.032391	0.022694	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	243,868	170,861	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	402,259	281,831	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	1,080	2,330	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	372.46	120.96	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	226	758	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	84,176	91,688	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)		684,090	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)		175,864	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 07/01/2017 To 06/30/2018	Worksheet M-5 Date/Time Prepared: 12/17/2018 2:36 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		1,313,429	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
	Program to Provider			
3.01		02/01/2018	116,931	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)		116,931	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		1,430,360	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		754,825	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		2,185,185	7.00

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